

Name  
in  
Full

Mary Francis Baley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |        |          |        |      |
|-----------------------------------|---|--------|----------|--------|------|
| Died at                           | Town                                    | County | MARYLAND |        |      |
| Date of death                     | Month                                   | Day    | Years    | Months | Days |
| Sex                               | Color or Race                           | white  | Age      | 4      | 12   |
| Occupation                        | Where Residing if not at place of death |        |          |        |      |
| Married, Single or Widowed        | Name of Wife or Husband                 |        |          |        |      |
| Father's Name                     | William C. Baley                        |        |          |        |      |
| Mother's Maiden Name              | Mary F. Jones                           |        |          |        |      |
| Name of person giving Information | Wm C Baley                              |        |          |        |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Narassmus  
Exhaustion

179

How long

Since Birth  
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

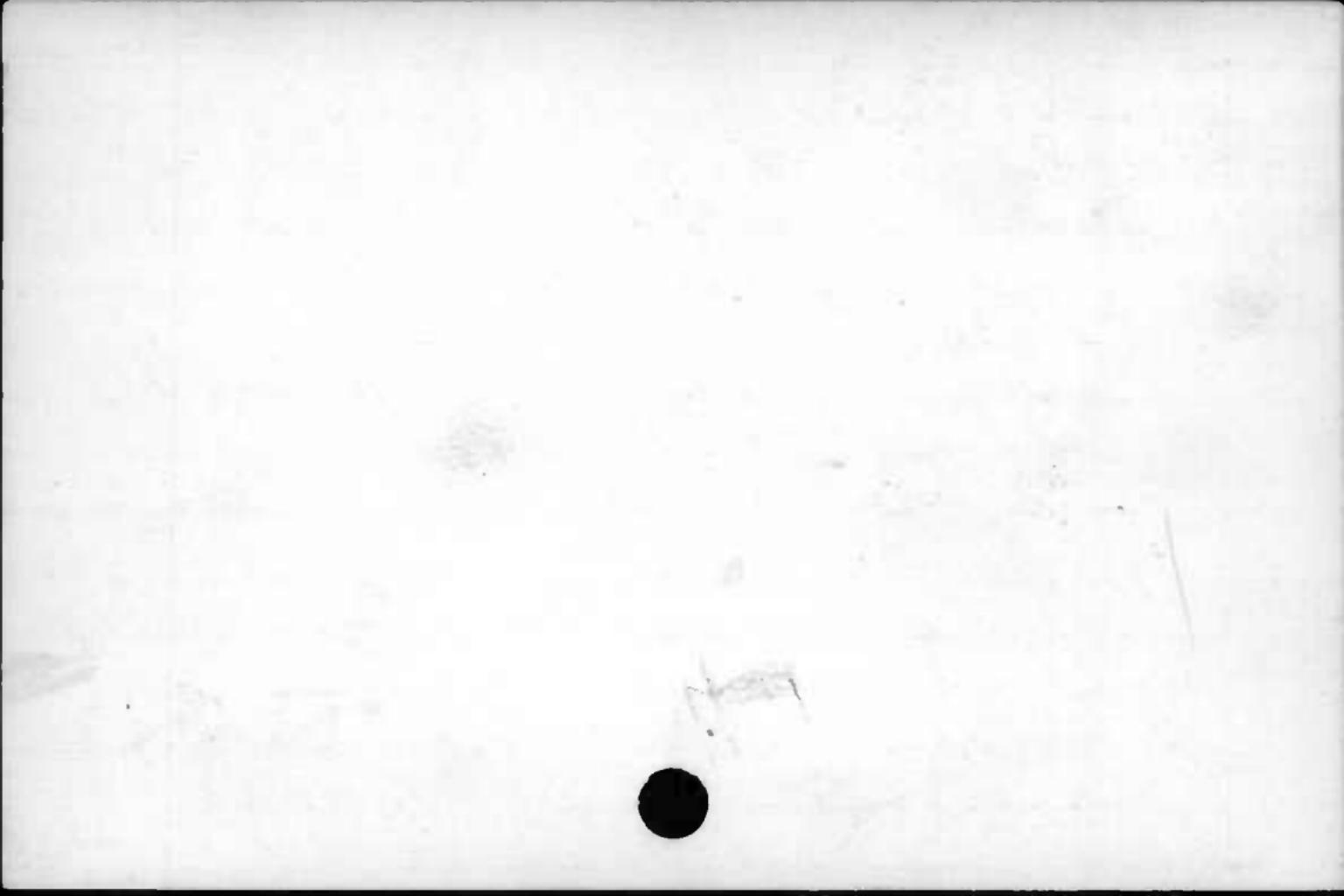
Signature of Physician

Address

yes

Gradual  
John Ridout MD  
Annapolis  
Md

Accident or Suicide?



Name  
In  
Full

Clement-B. Basil

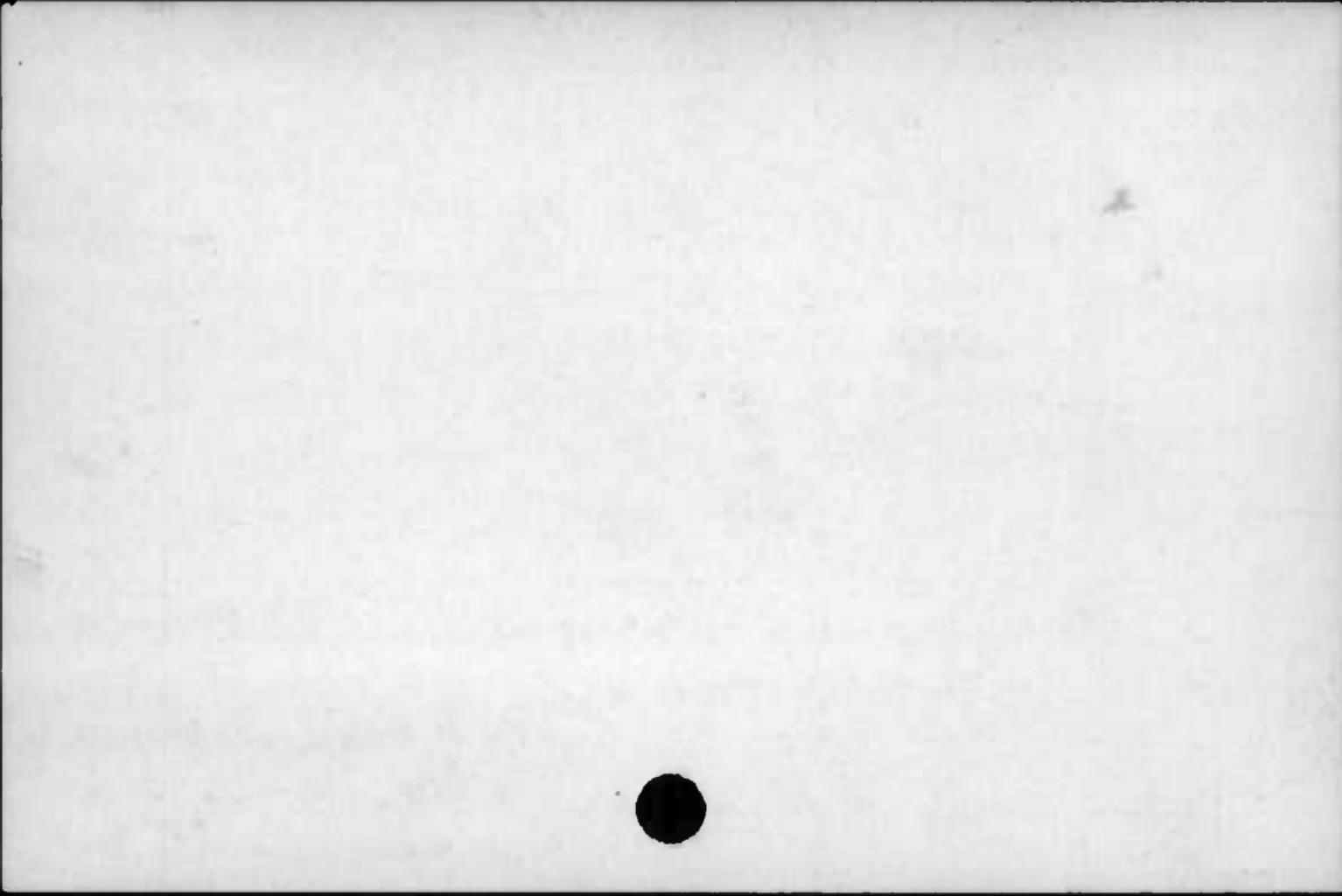
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                         |              |
|-----------------------------------|---|-------------------------|--------------|
| Died at                           | Town                                    | County                  | MARYLAND     |
| Date of death                     | Month                                   | Day                     | Years        |
| Sex                               | Color or Race                           | Age                     | Months       |
| Occupation                        | Where Residing if not at place of death |                         |              |
| Married, Single or Widowed        | Name of Wife or Husband                 |                         |              |
| Father's Name                     | John C. Basil                           | Father's Birthplace     | Annapolis Md |
| Mother's Maiden Name              | Elizabeth J. McNew deceased             | Mother's Birthplace     |              |
| Name of person giving information | John C. Basil                           | How related to deceased | Father       |

CAUSES OF DEATH

|  |                |     |                        |                                 |
|--|----------------|-----|------------------------|---------------------------------|
| Primary  | Whooping Cough | ①   | How long               | 2 weeks                         |
| Immediate  | Pneumonia      |     | How long               | 4 days                          |
| Are the name, age, sex, color, date and place correctly given above? |                | yes | Signature of Physician | R. Clement Basil                |
|  |                |     | Address                | 738 Tolson St,<br>Annapolis Md. |
| Accident or Suicide?   |                |     |                        |                                 |



Name  
in  
Full

Elizabeth P. Basil

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|  |   |        |          |                            |      |  |
|--|---|--------|----------|----------------------------|------|--|
| Died at  | Town                                    | County |          | MARYLAND                   |      |  |
| Date of death 1905                                 | Month Aug                               | Day 9  | Years 20 | Months                     | Days |  |
| Sex Female   | Color or Race White                     |        |          | Birth-place Annapolis, Md. |      |  |
| Occupation   | Where Residing if not at place of death |        |          |                            |      |  |
| Married, Single or Widowed Married                 | Name of Wife or Husband John P. Basil   |        |          |                            |      |  |
| Father's Name Thomas B. Mc New                     | Father's Birthplace Annapolis, Md.      |        |          |                            |      |  |
| Mother's Maiden Name Lillie Basil                  | Mother's Birthplace Annapolis, Md.      |        |          |                            |      |  |
| Name of person giving information Thomas B. Mc New | How related to deceased Brother         |        |          |                            |      |  |

CAUSES OF DEATH

Primary

Pernicious Remittent Malaria

(14) How long

See above

Immediate

nasal fever

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

R. Clement Claude MD.  
9 St. John St.  
Annapolis, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?

Address



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

| Bengamen Bias                     |   |            |       |                         | CERTIFICATE OF DEATH |               |        |
|-----------------------------------|---|------------|-------|-------------------------|----------------------|---------------|--------|
| Died at Annapolis and N. A. Co.   |   | Town       |       | County                  |                      | MARYLAND      |        |
| Date of death                     | Month                                   | Day        | Years |                         |                      | Months        | Days   |
| 1906                              | Aug                                     | 3          | 3     |                         |                      | —             | —      |
| Sex male                          | Color or Race                           | Colored    |       | Birth-place             | Annapolis            |               |        |
| Occupation                        | Where Residing if not at place of death |            |       | 140 South St            |                      |               |        |
| Married, Single or Widowed        | Name of Wife or Husband                 |            |       |                         | Father's Name        | Annapolis and |        |
| Single                            |   | James Bias |       |                         | Mother's Maiden Name | Annapolis and |        |
| Mother's Maiden Name              | Alice Harris                            |            |       | How related to deceased |                      |               | Mother |
| Name of person giving information | Alice Bias                              |            |       |                         |                      |               |        |

CAUSES OF DEATH

Primary

Nephritis

(119)

How long

Three months

Immediate

Heart Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

Address

John Ridout M.D.  
Annapolis

Accident or Suicide?



Name  
in  
Full

Luetta Boyer

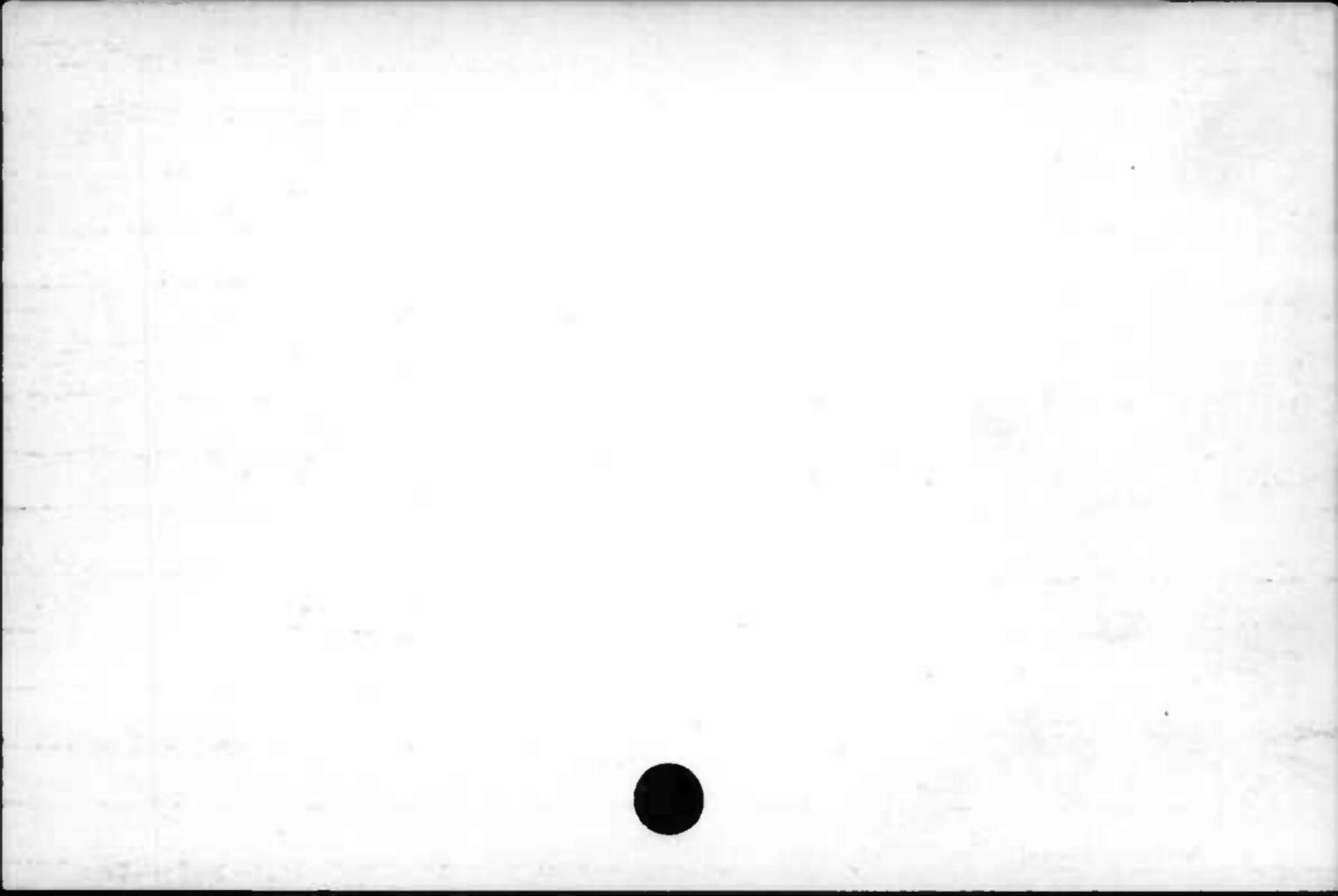
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |        |             |                         |
|-----------------------------------|---|--------|-------------|-------------------------|
| Died at                           | Town                                    | County | MARYLAND    |                         |
| Date of death                     | Month                                   | Day    | Years       | Months Days             |
| Sex                               | Color or Race                           | Age    | Birth-place |                         |
| Occupation                        | Where Residing if not at place of death |        |             |                         |
| Married, Single or Widowed        | Name of Wife or Husband                 |        |             |                         |
| Father's Name                     | William H Boyer                         |        |             | Father's Birthplace     |
| Mother's Maiden Name              | Christiana Curry                        |        |             | Mother's Birthplace     |
| Name of person giving information | Wm H Boyer                              |        |             | How related to deceased |

CAUSES OF DEATH

|  |             |                        |                   |         |
|--|-------------|------------------------|-------------------|---------|
| Primary  | Meningitis  | (6)                    | How long          | 1 day   |
| Immediate  | Convulsions |                        | How long          | 2 hours |
| Are the name, age, sex, color, date and place correctly given above? | yes         | Signature of Physician | G. H. Lorraine MD |         |
|  |             | Address                | Armiger           |         |
| Accident or Suicide?   |             |                        | Md                |         |



Name  
in  
Full

Enos Thomas Brewer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                |        |        |          |                         |
|-----------------------------------|---|----------------|--------|--------|----------|-------------------------|
| Died at                           | Town                                    |                | County |        | MARYLAND |                         |
| Date of death                     | Month                                   | Day            | Years  | Months | Days     |                         |
| Sex                               | Color or Race                           | Age            |        |        |          |                         |
| Occupation                        | Where Residing if not at place of death |                |        |        |          |                         |
| Married, Single or Widowed        | Name of Wife or Husband                 | Patty Hodisley |        |        |          |                         |
| Father's Name                     | Thomas Brewer                           |                |        |        |          | Father's Birthplace     |
| Mother's Maiden Name              | Annie Robinson                          |                |        |        |          | Mother's Birthplace     |
| Name of person giving Information | Thomas Brewer                           |                |        |        |          | How related to deceased |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Inflammation of Liver

How long

5 Months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

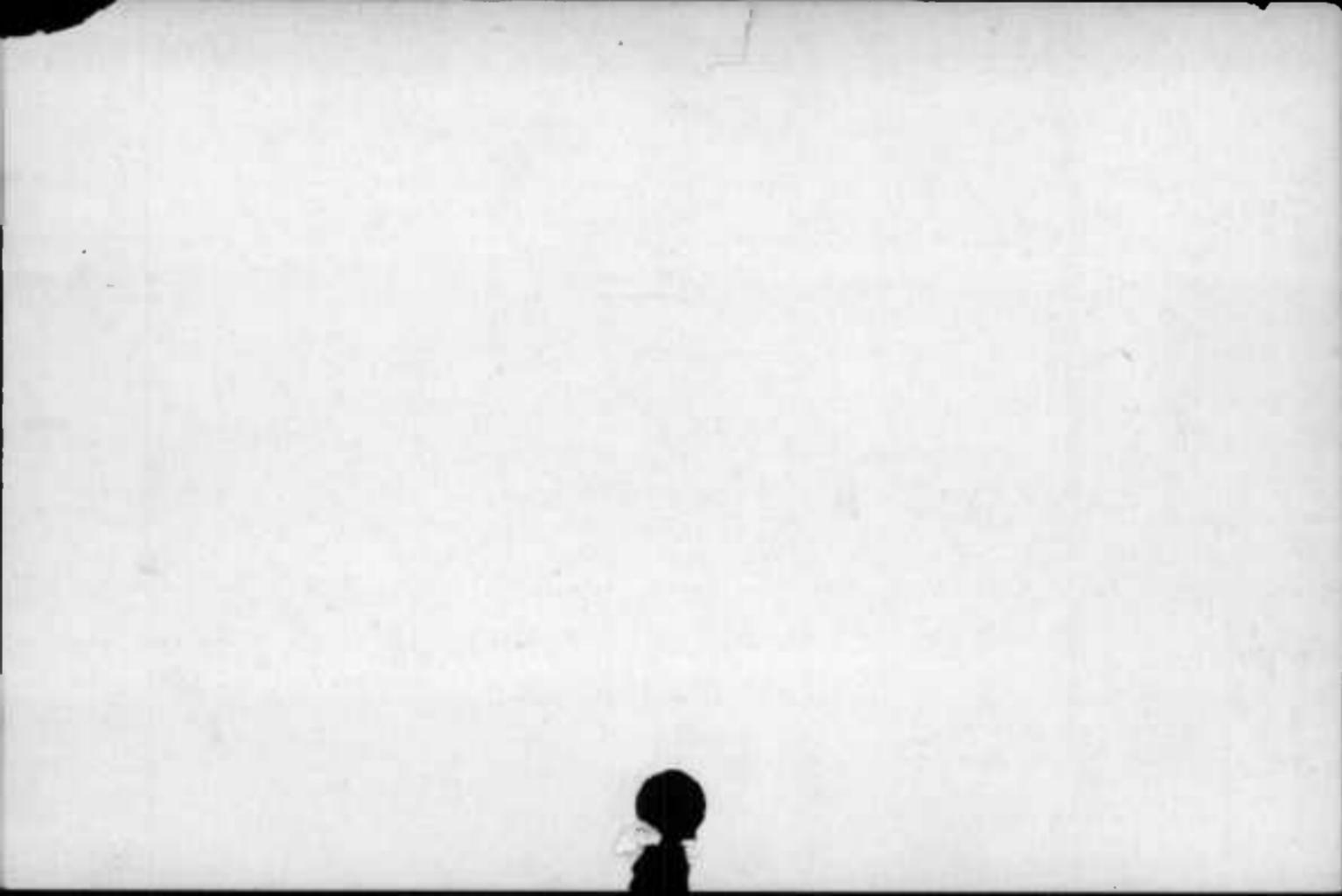
Address

Geo Wells M.D.

Annapolis

Md

Accident or Suicide?



Name  
in  
Full

John James Shle Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |               |                   |
|-----------------------------------|---|---------------|-------------------|
| Died at                           | Town                                    | County        | MARYLAND          |
| Date of death                     | Month                                   | Day           | Years Months Days |
| 1906                              | Aug                                     | 12            | Age 4 11          |
| Sex                               | Male                                    | Color or Race | white             |
| Occupation                        | Where Residing if not at place of death |               |                   |
| Married, Single or Widowed        | Name of Wife or Husband                 |               |                   |
| Single                            |   |               |                   |
| Father's Name                     | John H. Brown                           |               |                   |
| Mother's Maiden Name              | Aurie Eel'es                            |               |                   |
| Name of person giving information | John H. Brown                           |               |                   |
| Father's Birthplace               | Annapolis                               |               |                   |
| Mother's Birthplace               | Washington D.C.                         |               |                   |
| How related to deceased           | Father                                  |               |                   |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|           |                  |       |                    |
|-----------|------------------|-------|--------------------|
| Primary   | Gastro Enteritis | (105) | How long<br>6 days |
| Immediate |                  |       | How long           |

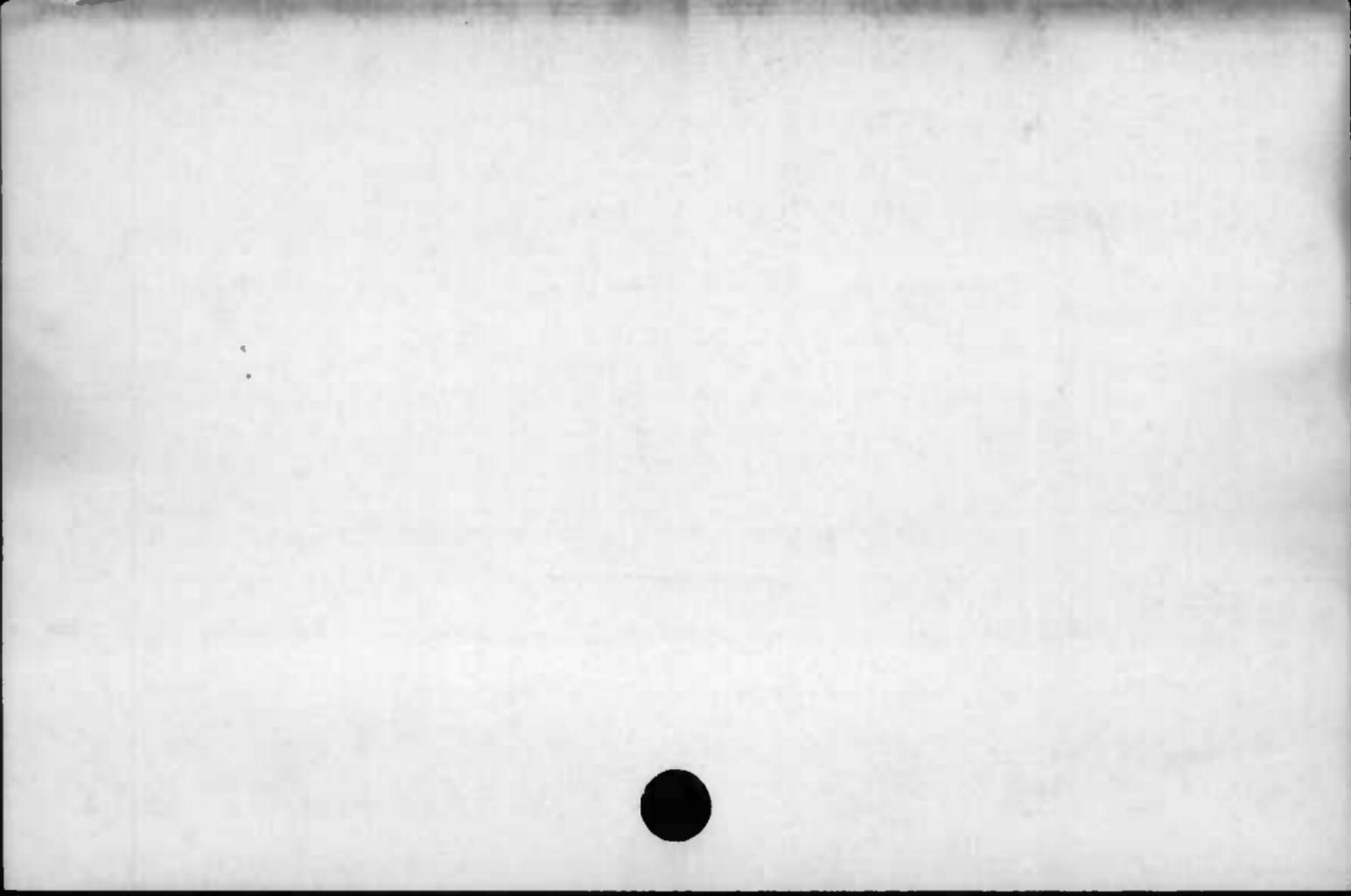
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. M. Murphy  
J. M. Murphy

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

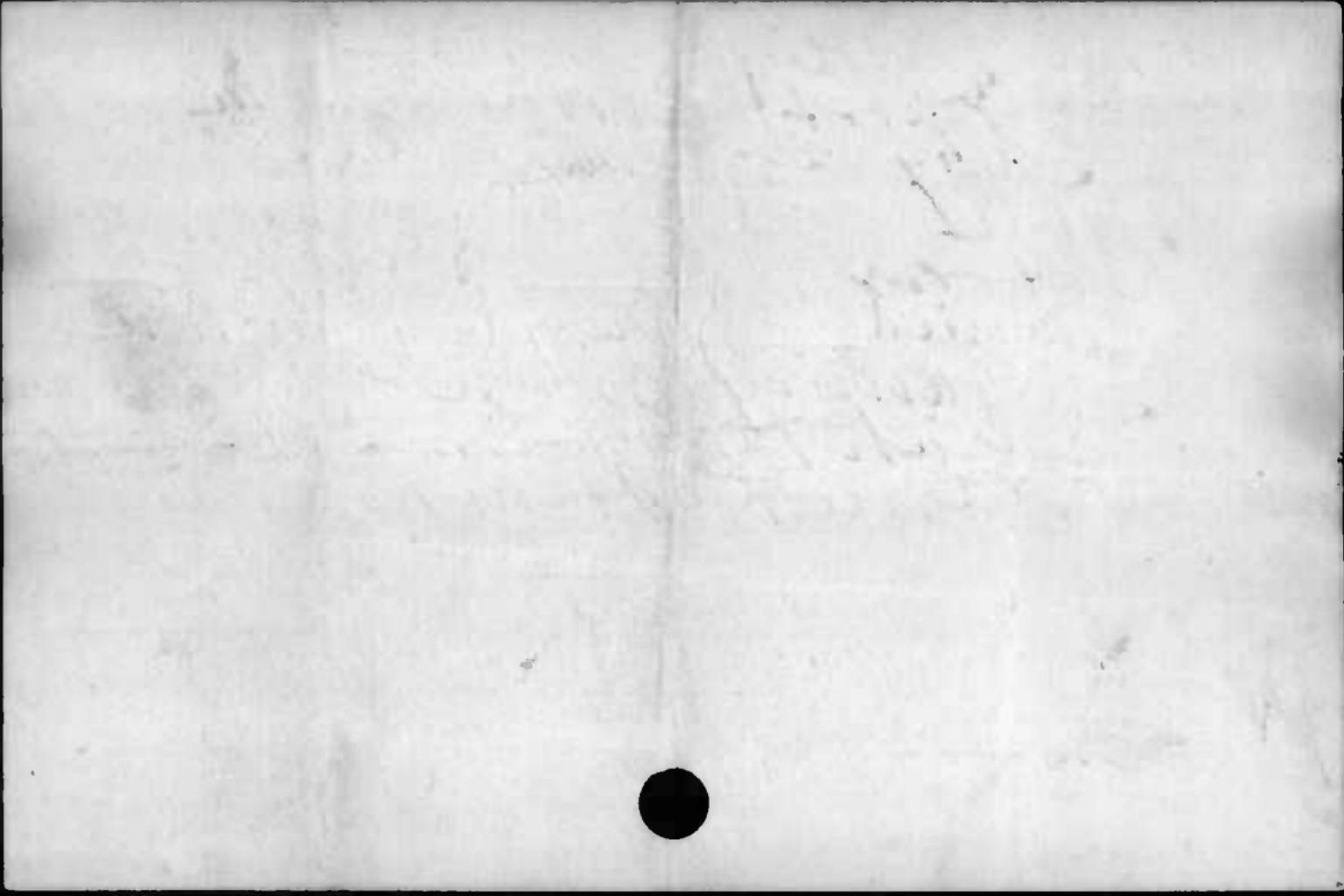
|                                   |   |                     |          |        |      |
|-----------------------------------|---|---------------------|----------|--------|------|
| Died at                           | Town                                    | County              | MARYLAND |        |      |
| Date of death                     | Month                                   | Day                 | Years    | Months | Days |
| Sex                               | Color or Race                           | Birth-place         |          |        |      |
| Occupation                        | Where Residing If not at place of death |                     |          |        |      |
| Married, Single or Widowed        | Name of Wife or Husband                 | Father's Birthplace |          |        |      |
| Father's Name                     | Bufafning Brown                         | a aco.              |          |        |      |
| Mother's Maiden Name              | Sarah Bonds                             | a aco.              |          |        |      |
| Name of person giving Information | Austine Hayes                           | a acp               |          |        |      |

## CAUSES OF DEATH (2)

|  |                        |                        |                                   |  |
|--|------------------------|------------------------|-----------------------------------|--|
| Primary  | Pulmonary Tuberculosis | How long               | 6 weeks                           |  |
| Immediate  | Hemorrhage Pulmonic    | How long               | 3 hours.                          |  |
| Are the name, age, sex, color, date and place correctly given above? |                        | Signature of Physician | R. P. Reece                       |  |
|  |                        | Address                | 60 Cathedral St.<br>Annapolis Md. |  |
| Accident or Suicide?   |                        |                        |                                   |  |

PHYSICIAN  
OR CORONER





Name  
in  
Full

Maria Louise Brown

CERTIFICATE OF DEATH

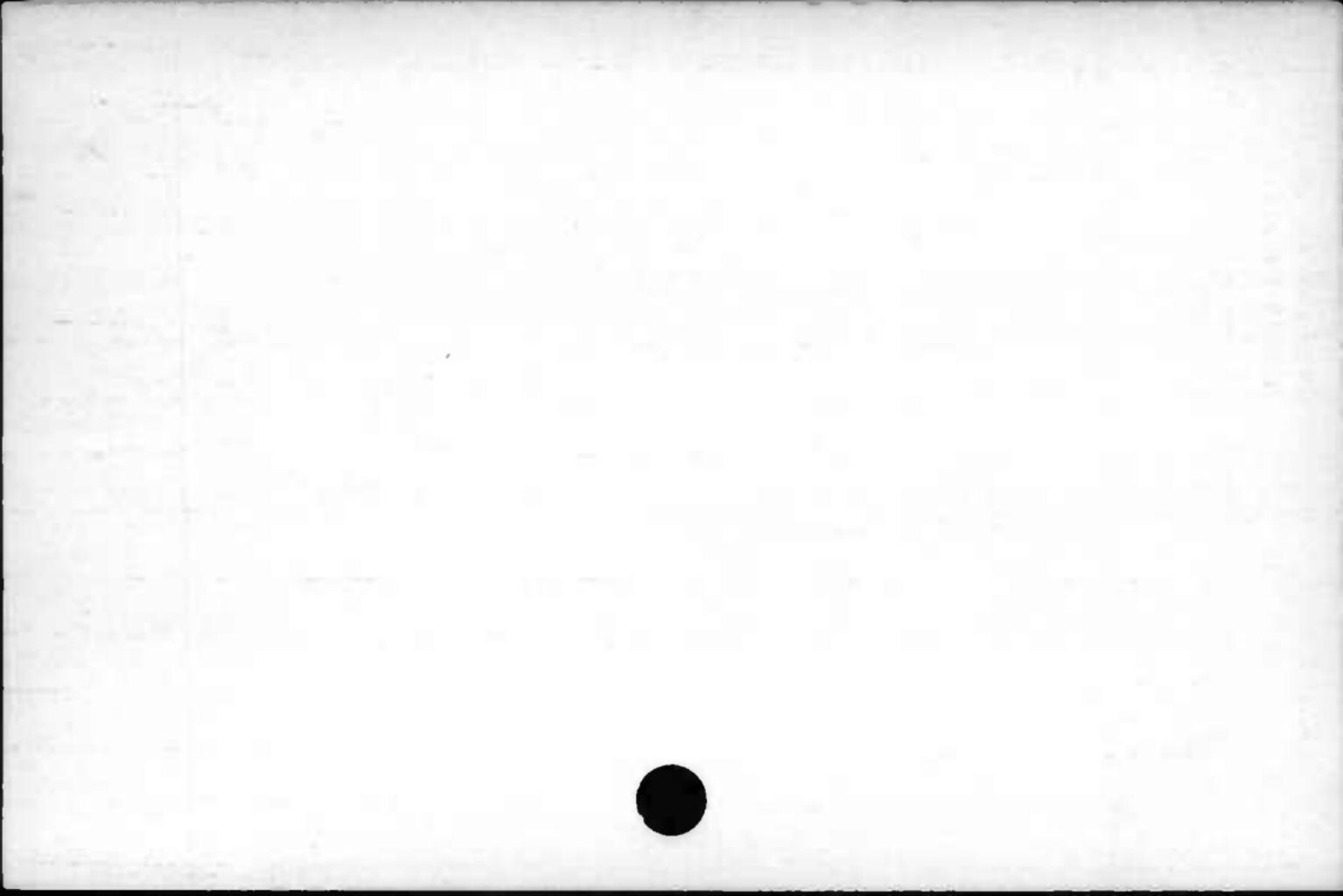
To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |        |             |                         |           |
|-----------------------------------|---|--------|-------------|-------------------------|-----------|
| Died at                           | Town                                    | County | MARYLAND    |                         |           |
| Date of death                     | Month                                   | Day    | Years       | Months                  | Days      |
| Sex                               | Color or Race                           | Age    | Birth-place |                         |           |
| Occupation                        | Where Residing if not at place of death |        |             | —                       |           |
| Married, Single or Widowed        | Name of Wife or Husband                 | —      |             |                         | —         |
| Father's Name                     | John Brown                              |        |             | Father's Birthplace     | Baltimore |
| Mother's Maiden Name              | Rebecca Fooli                           |        |             | Mother's Birthplace     | Baltimore |
| Name of person giving information | John Brown                              |        |             | How related to deceased | Father    |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                          |                        |              |
|--|--------------------------|------------------------|--------------|
| Primary  | Congenital Syphilis (30) |                        | How long     |
| Immediate  | Convulsions              |                        | How long     |
| Are the name, age, sex, color, date and place correctly given above? | Yes                      | Signature of Physician | Ley J. Drury |
|  |                          | Address                | Baltimore    |
| Accident or Suicide?   | —                        |                        |              |



Name  
In  
Full

Wilhelmine Ester Bufflaps.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                         |                   |
|-----------------------------------|---|-------------------------|-------------------|
| Died at                           | Town                                    | Anne Arundel            | MARYLAND          |
| Date of death                     | Month                                   | Day                     | Years Months Days |
| 1906                              | Aug                                     | 19 <sup>th</sup>        | Age 2. 13.        |
| Sex                               | Female                                  | Color or Race           | White             |
| Occupation                        | Where Residing if not at place of death |                         |                   |
| Married, Single or Widowed        | Single                                  | Name of Wife or Husband |                   |
| Father's Name                     | Wolffman E. Bufflaps                    |                         |                   |
| Mother's Maiden Name              | Blanche F. Hancock.                     |                         |                   |
| Name of person giving information | W. E. Bufflaps                          |                         |                   |

CAUSES OF DEATH

(150)

How long

2 mos

How long

Primary Hernia & Pyloric Stenosis

PHYSICIAN  
OR CORONER

Immediate

Are the name, age, sex, color, date and place correctly given above?

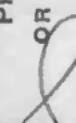
Yes

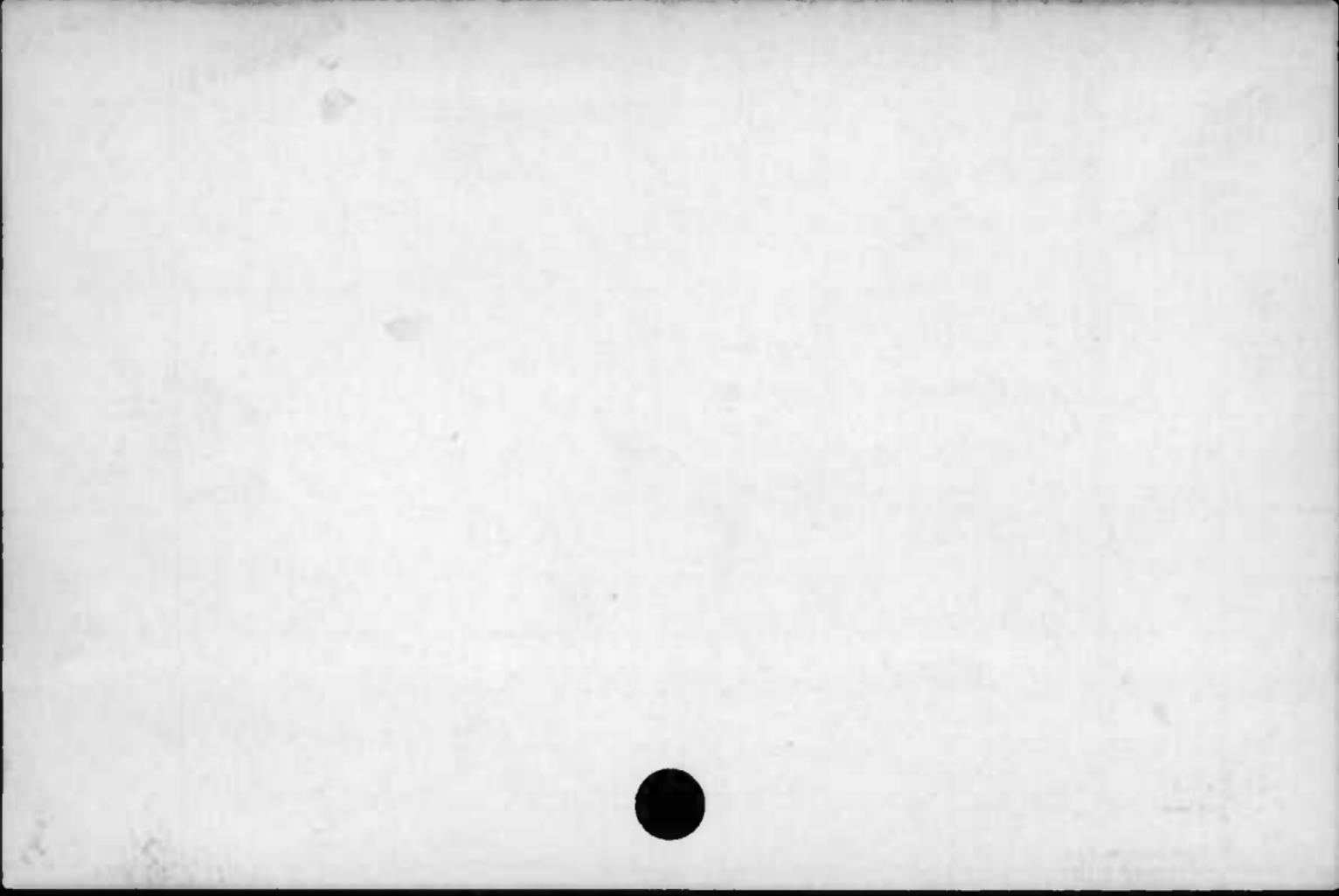
Signature of Physician

Address

J. Oliver Purvis  
Annapolis  
Md

Accident or Suicide?





Name  
in  
Full

Edna Carrs

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |        |          |        |      |
|-----------------------------------|---|--------|----------|--------|------|
| Died at                           | Town                                    | County | MARYLAND |        |      |
| Date of death                     | Month                                   | Day    | Years    | Months | Days |
| Sex                               | Color or Race                           | Age    |          |        |      |
| Occupation                        | Where Residing if not at place of death |        |          |        |      |
| Married, Single or Widowed        | Name of Wife or Husband                 |        |          |        |      |
| Father's Name                     | Jefferson Carrs                         |        |          |        |      |
| Mother's Maiden Name              | Carrie Calbeck                          |        |          |        |      |
| Name of person giving information | Samuel D. Calbeck                       |        |          |        |      |
| Father's Birthplace               | 3d. a. a. co                            |        |          |        |      |
| Mother's Birthplace               | 3d. a. a. co                            |        |          |        |      |
| How related to deceased           | uncle                                   |        |          |        |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|           |                |     |          |          |
|-----------|----------------|-----|----------|----------|
| Primary   | Iyphoid Fevers | (1) | How long | 3 Weeks. |
| Immediate | Exhaustion     |     | How long | 3 Hours. |

Are the name, age, sex, color, date and place correctly given above?

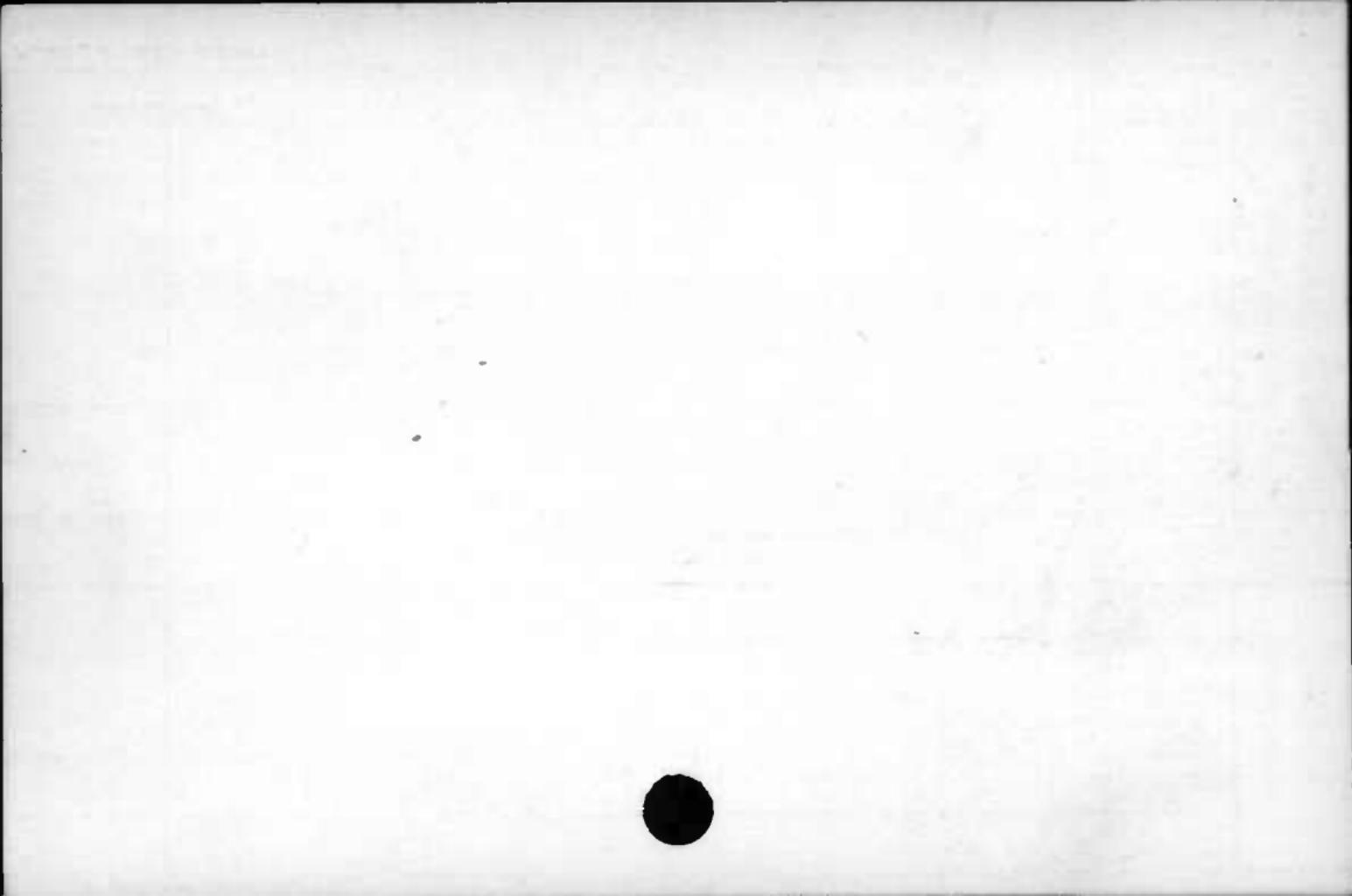
Signature of Physician

J. D. Ridout M.D.

Address

St Margret's  
a. a. co.

Accident or Suicide?



Name  
in  
Full

Not Namey Collins

CERTIFICATE OF DEATH

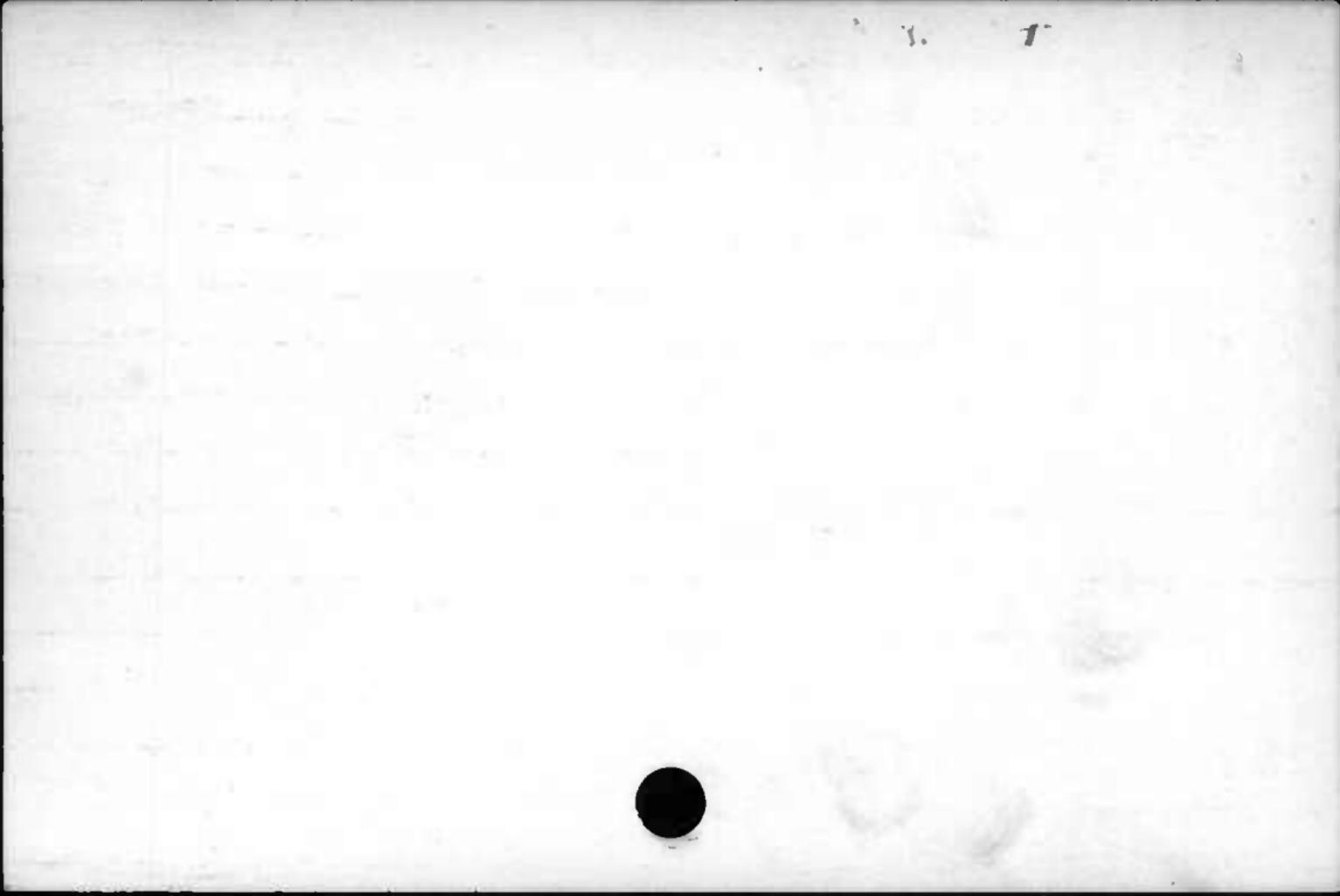
To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |             |          |
|-----------------------------------|---|-------------|----------|
| Died at                           | Town                                    | County      | MARYLAND |
| Date of death                     | Month                                   | Day         | Years    |
| 1906                              | Aug                                     | 19          | Age —    |
| Sex                               | Color or Race                           | Birth-place | Days     |
| Female                            | White                                   | Trappe Md   | 9 hours  |
| Occupation                        | Where Residing If not at place of death |             |          |
| Married, Single or Widowed        | Name of Wife or Husband                 | —           |          |
| Singe                             | —                                       | —           |          |
| Father's Name                     | Father's Birthplace                     |             |          |
| John Collins                      | Md                                      |             |          |
| Mother's Maiden Name              | Mother's Birthplace                     |             |          |
| Mary L. Phipps                    | Md                                      |             |          |
| Name of person giving information | How related to deceased                 |             |          |
| Thurs Mary Phipps                 | Grandmother                             |             |          |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |             |                        |
|--|-------------|------------------------|
| Primary  | —           | How long               |
| Immediate  | Convulsions | (11) One hour          |
| Are the name, age, sex, color, date and place correctly given above? | Yes         | Signature of Physician |
|  |             | Address                |
| Accident or Suicide?   |             |                        |



Name  
in  
Full

C. Louis Davage

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|   |                    |               |                         |             |           |
|---|--------------------|---------------|-------------------------|-------------|-----------|
| Town                                    | Anne Arundel       |               | County                  | MARYLAND    |           |
| Died at                                 | Annapolis          | Month         | Age                     | Years       | Months    |
| Date of death                           | 1906               | Aug           | 16                      | 31          | Days      |
| Sex                                     | Male               | Color or Race | Col.                    | Birth-place | Annapolis |
| Occupation                              | Laborer            |               |                         |             |           |
| Where Residing if not at place of death |                    |               |                         |             |           |
| Married, Single or Widowed              | Married            |               | Name of Wife or Husband |             |           |
| Father's Name                           | Charles Davage,    |               | Father's Birthplace     | A.A. 100    |           |
| Mother's Maiden Name                    | Ann Rebecca Louis, |               | Mother's Birthplace     | " "         |           |
| Name of person giving information       | Charles. Davage    |               | How related to deceased | Father      |           |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

How long

One year

Immediate

Hemorrhage

How long

4 days.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

R. P. Keeler

66 Cathedral St.

Annapolis Md

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

|  |   |     |                                       |                                  |      |  |
|--|---|-----|---------------------------------------|----------------------------------|------|--|
| <b>Mary Ellen Davis</b>                                  |   |     |                                       | <b>CERTIFICATE OF DEATH</b>      |      |  |
| Town   | County                                    |     |                                       |                                  |      |  |
| Died at <b>Maryland</b>                                  | <b>Pa</b>                                 |     |                                       | <b>MARYLAND</b>                  |      |  |
| Date of death <b>1906 Aug 21</b>                         | Month                                     | Day | Years <b>38.1</b>                     | Months                           | Days |  |
| Sex <b>Female</b>  | Color or Race <b>African</b>              |     |                                       | Birth-place <b>Paris</b>         |      |  |
| Occupation <b>Housewife</b>                              | Where Residing if not at place of death   |     |                                       |                                  |      |  |
| Married, Single or Widowed <b>Married</b>                | Name of Wife or Husband <b>John Davis</b> |     |                                       | Father's Birthplace <b>Paris</b> |      |  |
| Father's Name <b>John Franklin</b>                       |   |     | Mother's Birthplace <b>Paris</b>      |                                  |      |  |
| Mother's Maiden Name <b>Donovan</b>                      |   |     | How related to deceased <b>Nephew</b> |                                  |      |  |
| Name of person giving Information <b>Arthur Franklin</b> |   |     |                                       |                                  |      |  |

**CAUSES OF DEATH**

|                                 |   |                          |
|---------------------------------|---|--------------------------|
| Primary <b>Syphilitic fever</b> | ① | How long <b>3 months</b> |
| Immediate <b>Exhaustion</b>     |   | How long <b>4 hours</b>  |

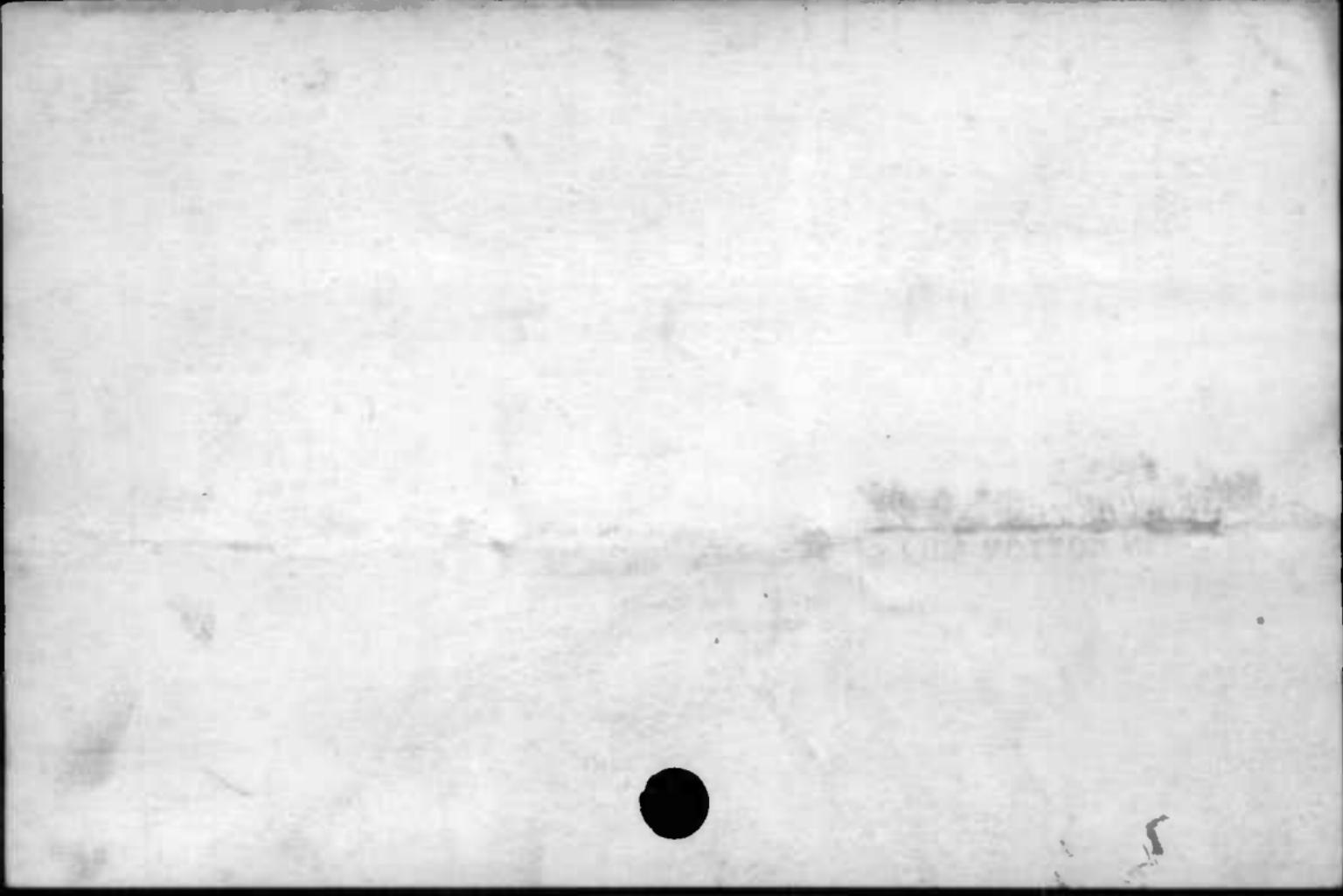
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

**Mr Brayshaw**  
**1616 Biddle**  
**Maryland**

Accident or Suicide?



Name  
in  
Full

James old & Davis

8/2/1

CERTIFICATE OF DEATH

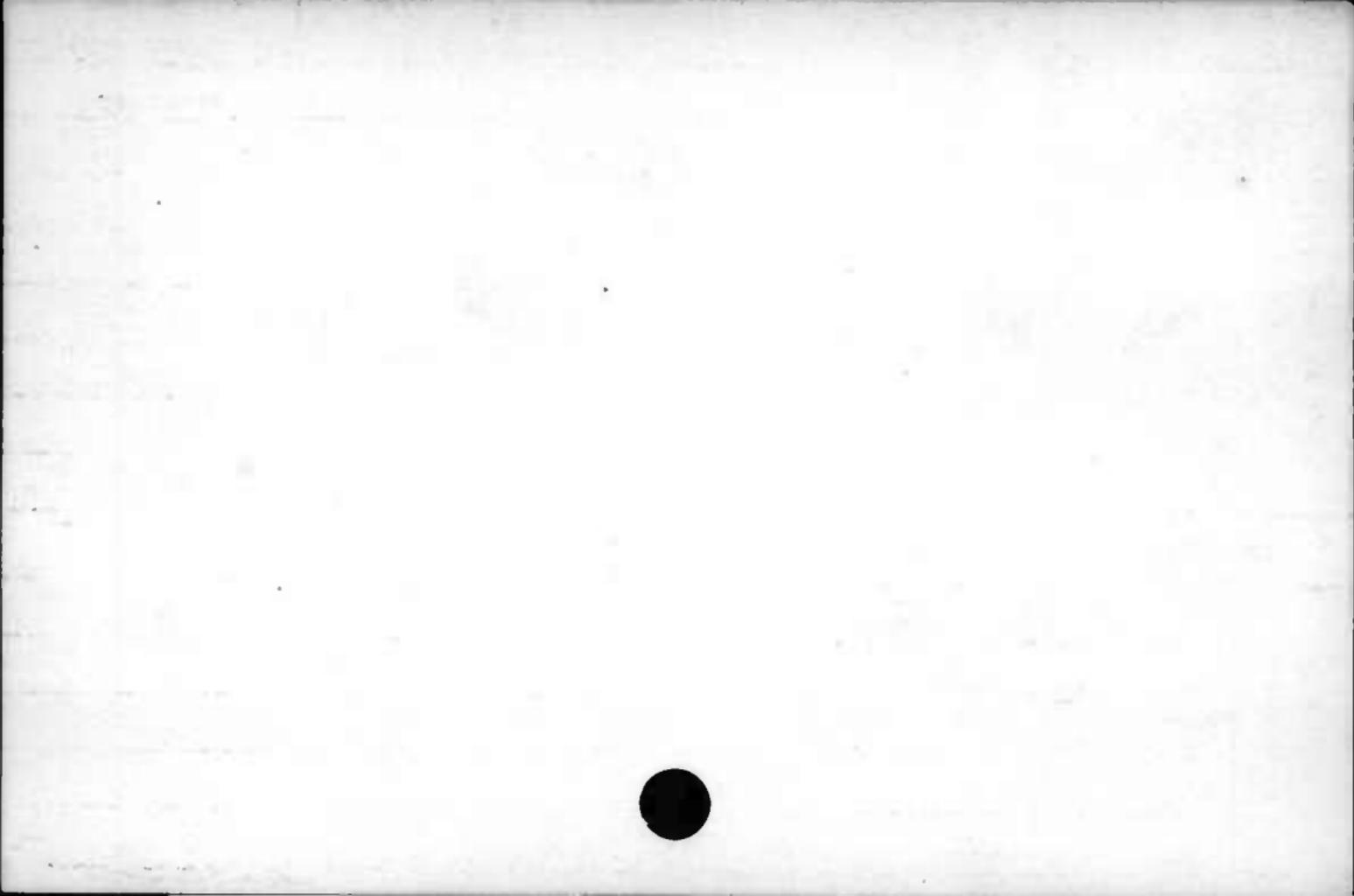
To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |        |                         |                    |
|-----------------------------------|---|--------|-------------------------|--------------------|
| Died at                           | Town                                    | County | MARYLAND                |                    |
| Date of death                     | Month                                   | Day    | Years                   | Months Days        |
| Sex                               | Color or Race                           | Age    | Birth-place             |                    |
| Occupation                        | Where Residing if not at place of death |        |                         |                    |
| Married, Single or Widowed        | Name of Wife or Husband                 |        | Father's Birthplace     | Surrey Co Virginia |
| Father's Name                     | James Davis -                           |        | Mother's Birthplace     | aa Co MD           |
| Mother's Maiden Name              | Mary Ellen Franklin                     |        | How related to deceased | Father             |
| Name of person giving information | James Davis (D)                         |        |                         |                    |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                                       |                        |                                      |         |
|--|---------------------------------------|------------------------|--------------------------------------|---------|
| Primary  | <del>Cholera</del> Cholera Infarction |                        | How long                             | , muk   |
| Immediate  | <del>Cholera</del> Cholera Infarction |                        | How long                             | 2 weeks |
| Are the name, age, sex, color, date and place correctly given above? | yes                                   | Signature of Physician | no Physician                         |         |
|  |                                       | Address                | Jas Davis Mart<br>Sollers a a co red |         |
| Accident or Suicide?   |                                       |                        |                                      |         |



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Andrew Day

Town  
Died at 3 district of

County

Anne Arundel

MARYLAND

Date Month Day Years Months Days  
of death 1906 Aug. 6 28 5 -

Sex Male Color or Race Col. Birth-place A.A. Co.

Occupation

Labor

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married Name of Wife or Husband Mary Jackson

Father's  
Name

Lorenzine Day.

Father's  
Birthplace

A.A. Co.

Mother's  
Maiden Name

Suzinda Johnson

Mother's  
Birthplace

A.A. Co.

Name of person giving  
Information

L. Day

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Tuberculosis

21

How long

1 year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

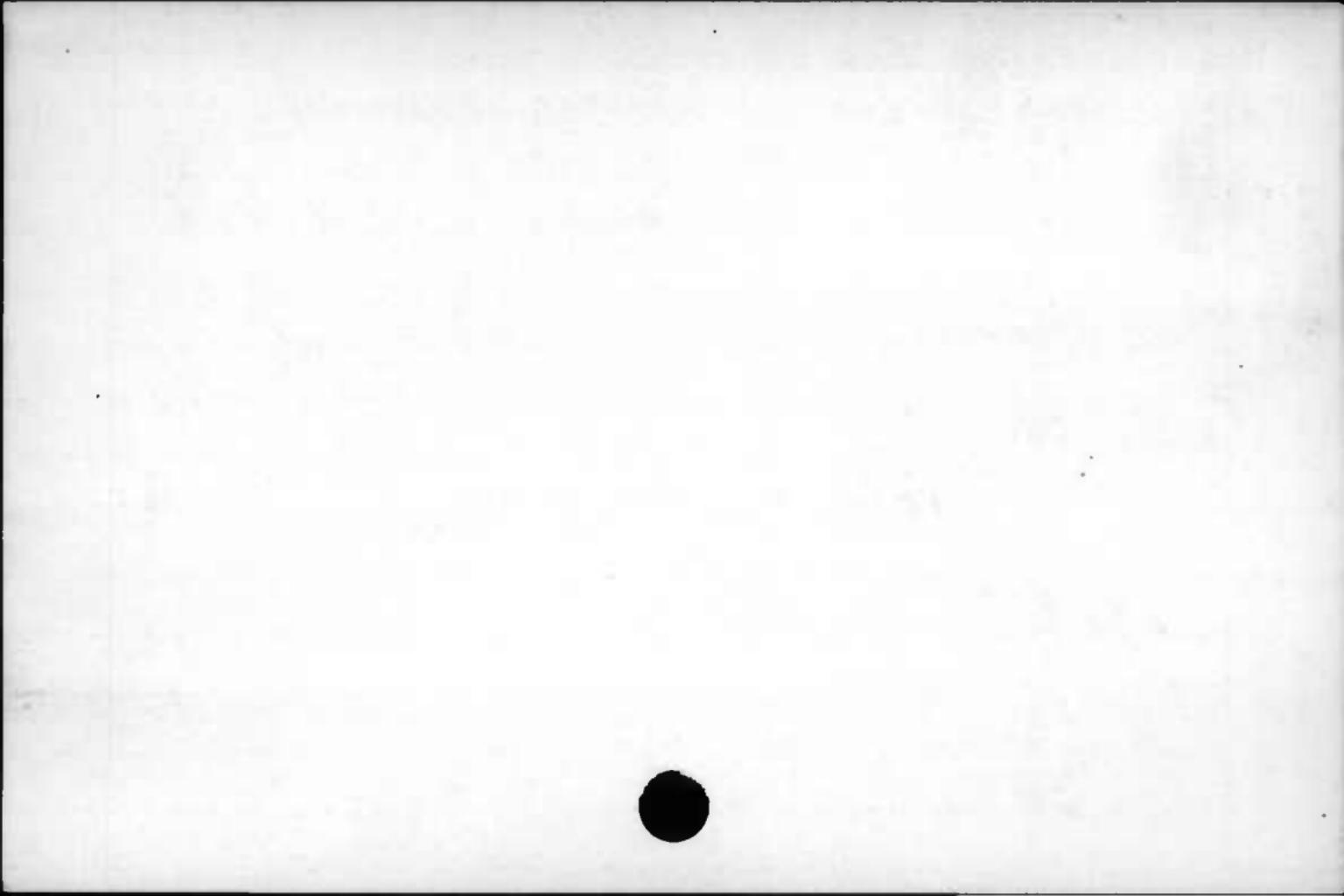
Yes

Signature of  
Physician

J. D. Kidwell M.D.  
107 Margaret  
Anne Arundel Co.

Address

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Thomas Dogon

CERTIFICATE OF DEATH

|                                   |  |                 |       |          |      |
|-----------------------------------|--|-----------------|-------|----------|------|
| Died at                           | Town                                       | County          |       | MARYLAND |      |
| Died at                           | Annapolis                                  | Anne Arundel    |       |          |      |
| Date of death                     | Month                                      | Day             | Years | Months   | Days |
| 1906                              | Aug.                                       | 1 <sup>st</sup> | 58    | —        | —    |
| Sex                               | Color or Race                              | Birth-place     |       |          |      |
| Male                              | Colored                                    | A.A. 60         |       |          |      |
| Occupation                        | Where Residing If not<br>at place of death |                 |       |          |      |
| Married, Single<br>or Widowed     | Name of Wife or Husband                    |                 |       |          |      |
| Widower                           |  |                 |       |          |      |
| Father's Name                     |  |                 |       |          |      |
| Mother's Maiden Name              |  |                 |       |          |      |
| Name of person giving information | 104  |                 |       |          |      |
| Richard Johnson                   |  |                 |       |          |      |
| None                              |  |                 |       |          |      |

CAUSES OF DEATH

Primary

Acute Indigestion

How long

Sudden death

Immediate

Heart Failure

How long

Death

Are the name, age, sex, color, date  
and place correctly given above?

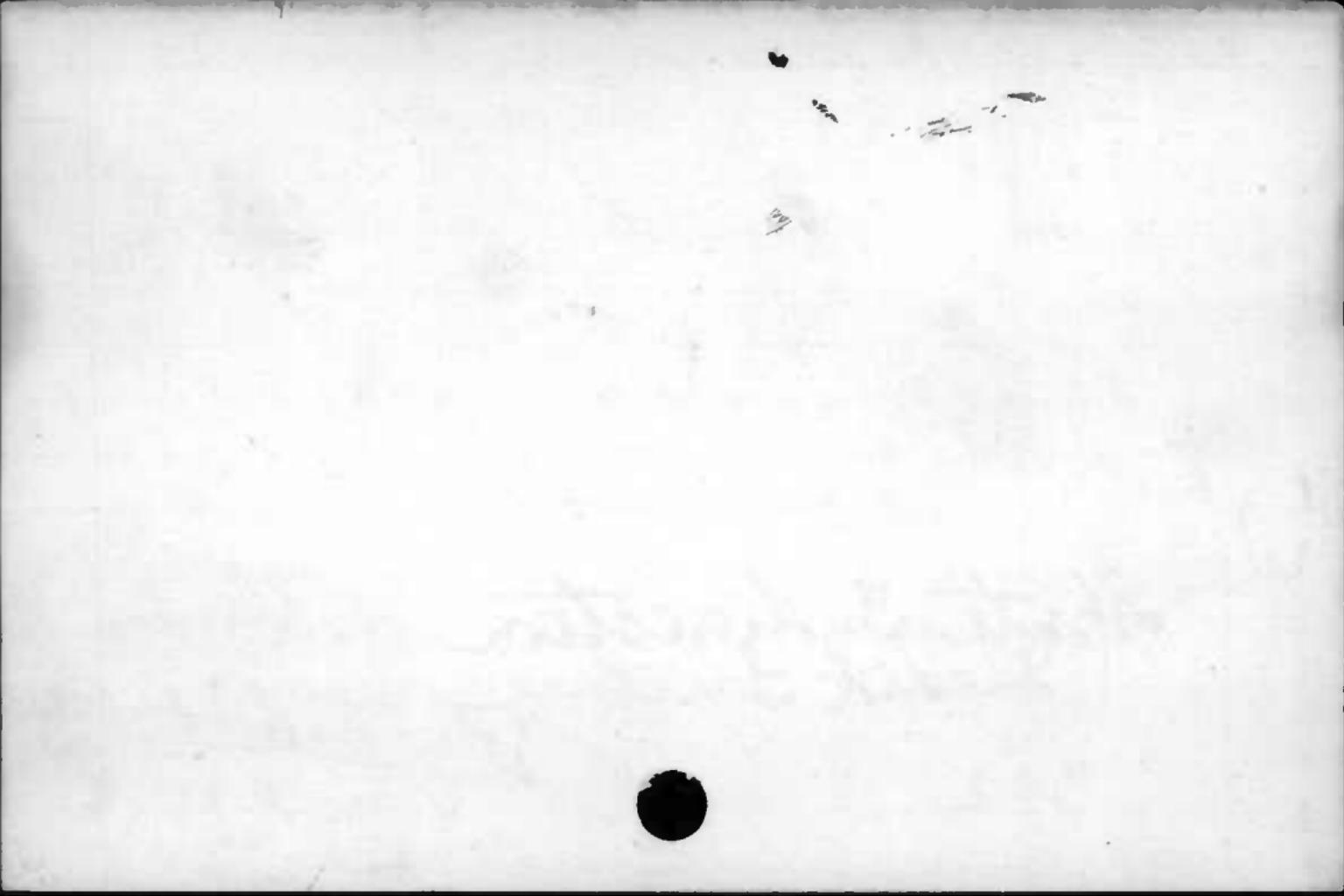
Signature of  
Physician

Yes

Address

John Ridout, M.D.  
Annapolis  
Md.

Accident or Suicide?



Name  
in  
Full

Clarence E. Donaldson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |        |       |          |      |
|-----------------------------------|---|--------|-------|----------|------|
| Died at                           | Town                                    | County |       | MARYLAND |      |
| Date of death                     | Month                                   | Day    | Years | Months   | Days |
| Sex                               | Color or Race                           | Age    |       |          |      |
| Occupation                        | Where Residing if not at place of death |        |       |          |      |
| Married, Single or Widowed        | Name of Wife or Husband                 |        |       |          |      |
| Father's Name                     | Father's Birthplace                     |        |       |          |      |
| Mother's Maiden Name              | Mother's Birthplace                     |        |       |          |      |
| Name of person giving Information | How related to deceased                 |        |       |          |      |

1906 Aug 29 1 — 17

Male White A.A.B.C. Md.

—

Nelbur P. Donaldson A.A.B.C. Md.

Mary E. Mayhew " "

J.W. P. Donaldson Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                |                        |              |
|--|----------------|------------------------|--------------|
| Primary  | Whooping Cough | (S)                    | How long     |
| Immediate  | Meningitis     |                        | 3 mos -      |
| Are the name, age, sex, color, date and place correctly given above? |                | Yes -                  | How long     |
|  |                |                        | one wk -     |
| Accident or Suicide?   |                | Signature of Physician | H.V.B. Gandy |
|  |                | Address                | Melroseville |

2.000 0.000 0.000



Name  
in  
Full

To BE ANSWERED BY

• NEAREST FRIEND

PHYSICIAN  
OR CORONER

Elizabeth Drury

Town

CERTIFICATE OF DEATH

MARYLAND

Died at

Drury

County

Hanover

Date  
of death

1906

Month

Aug.

Day

29

Years

66

Months

-

Days

-

Sex

Female

Color or  
Race

White

Birth-  
place

Md.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Widow

Name of Wife or  
Husband

Father's  
Name

Philip Mayhew

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Maria Spalding

Mother's  
Birthplace

Md.

Name of person giving  
Information

Emily Drury

How related  
to deceased

Daughter

CAUSES OF DEATH

Primary

Multiple Neuritis

74

How long

18 months

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

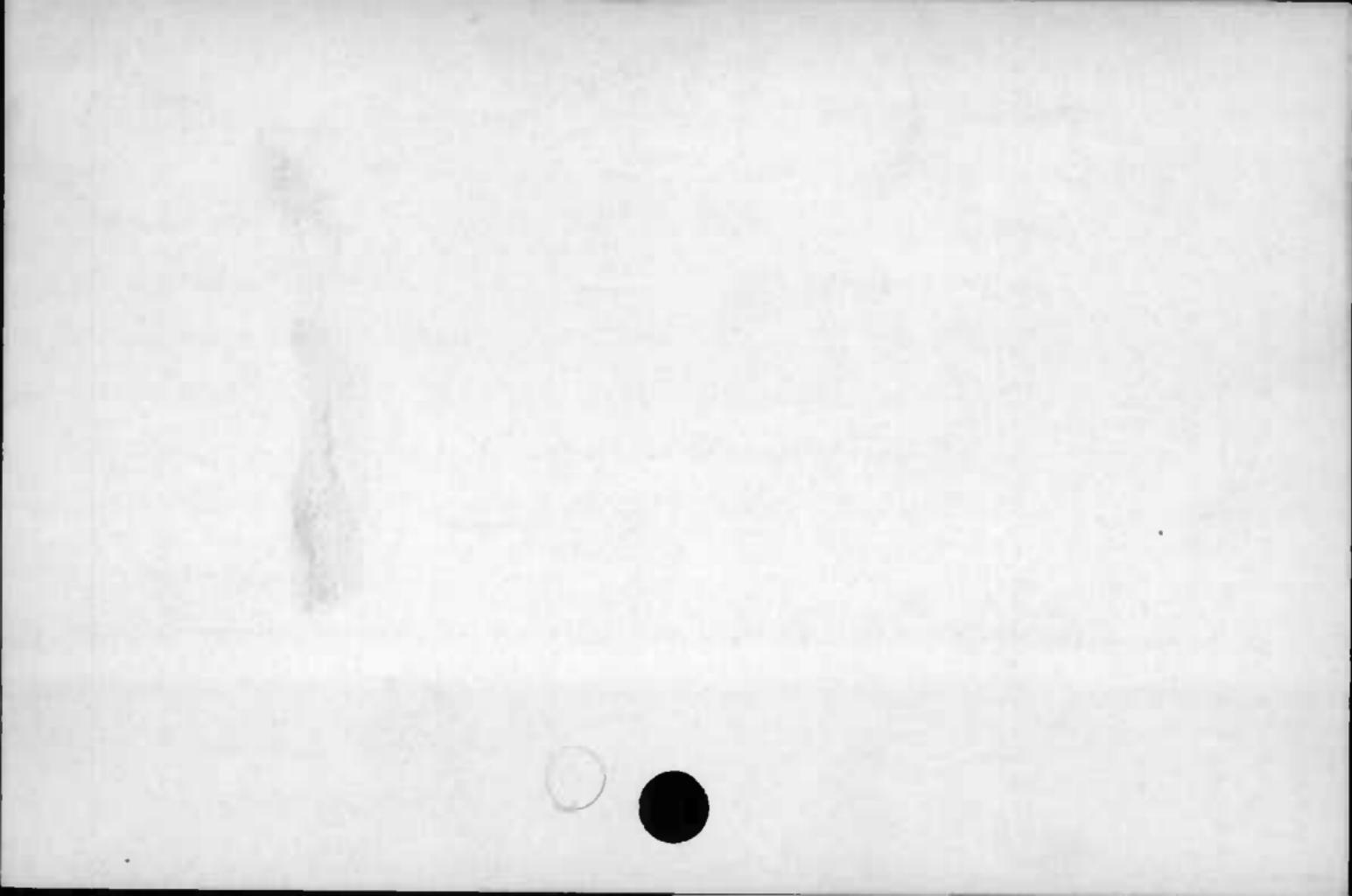
Signature of  
Physician

A. H. Parrie

Address

McKenree Md.

Accident or Suicide?



Name  
in  
Full

Annie Jane Ferguson

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |           |          |             |
|-----------------------------------|---|-----------|----------|-------------|
| Died at                           | Town                                    | County    | MARYLAND |             |
| Date of death                     | Month                                   | Day       | Years    | Months Days |
| Sex                               | Color or Race                           | Age       | 68       | X X         |
| Occupation                        | Where Residing if not at place of death |           |          |             |
| Married, Single or Widowed        | Name of Wife or Husband                 | Baltimore |          |             |
| Father's Name                     | William Ferguson                        |           |          |             |
| Mother's Maiden Name              | Iceland                                 |           |          |             |
| Name of person giving information | Daughter                                |           |          |             |

Widow

John Garner

Ann Ferguson

Rose Lindsay

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Dysentery

14

How long

10 days

Immediate

Intestinal Hemorrhage

How long

2 hrs

Are the name, age, sex, color, date and place correctly given above?

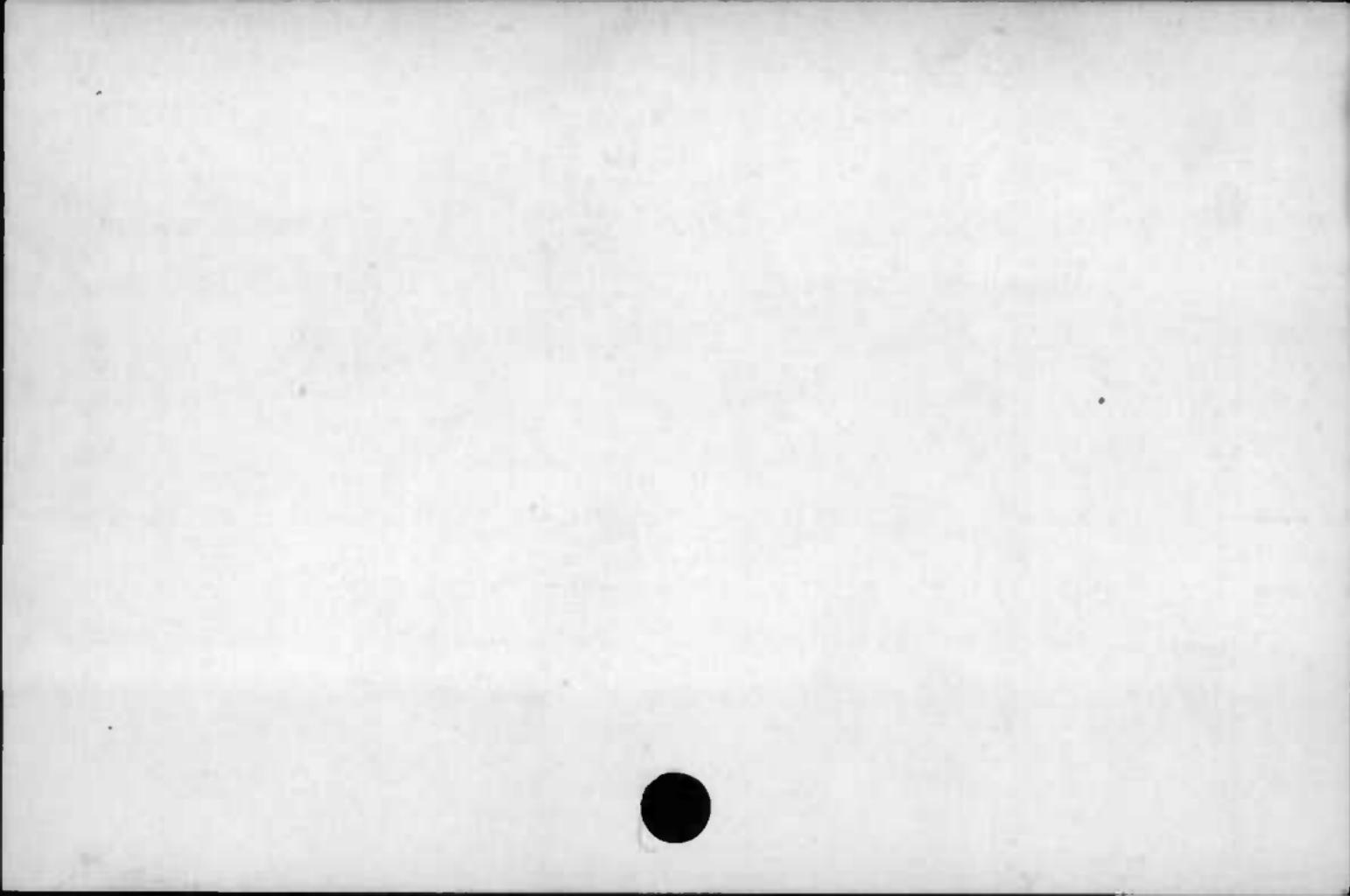
Yes.

Signature of Physician

Address

Chas D. Richardson M.D.  
Robinson.  
Md.

Accident or Suicide?



Name  
in  
Full

Kate Goronowski

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |       |        |             |          |
|-----------------------------------|---|-------|--------|-------------|----------|
| Died at                           | Town                                    | a     | County | MARYLAND    |          |
| Date of death                     | Month                                   | Day   | Years  | Months      | Days     |
| Sex                               | Color or Race                           | white |        | Birth-place | Maryland |
| Occupation                        | Where Residing if not at place of death |       |        |             |          |
| Married, Single or Widowed        | Name of Wife or Husband                 |       |        |             |          |
| Father's Name                     | Valentino Goronowski                    |       |        |             |          |
| Mother's Maiden Name              | Josephine                               |       |        |             |          |
| Name of person giving information | Valentino Goronowski.                   |       |        |             |          |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pertussion* How long *Janus*

Immediate *Earth Citrus* How long *4 days*

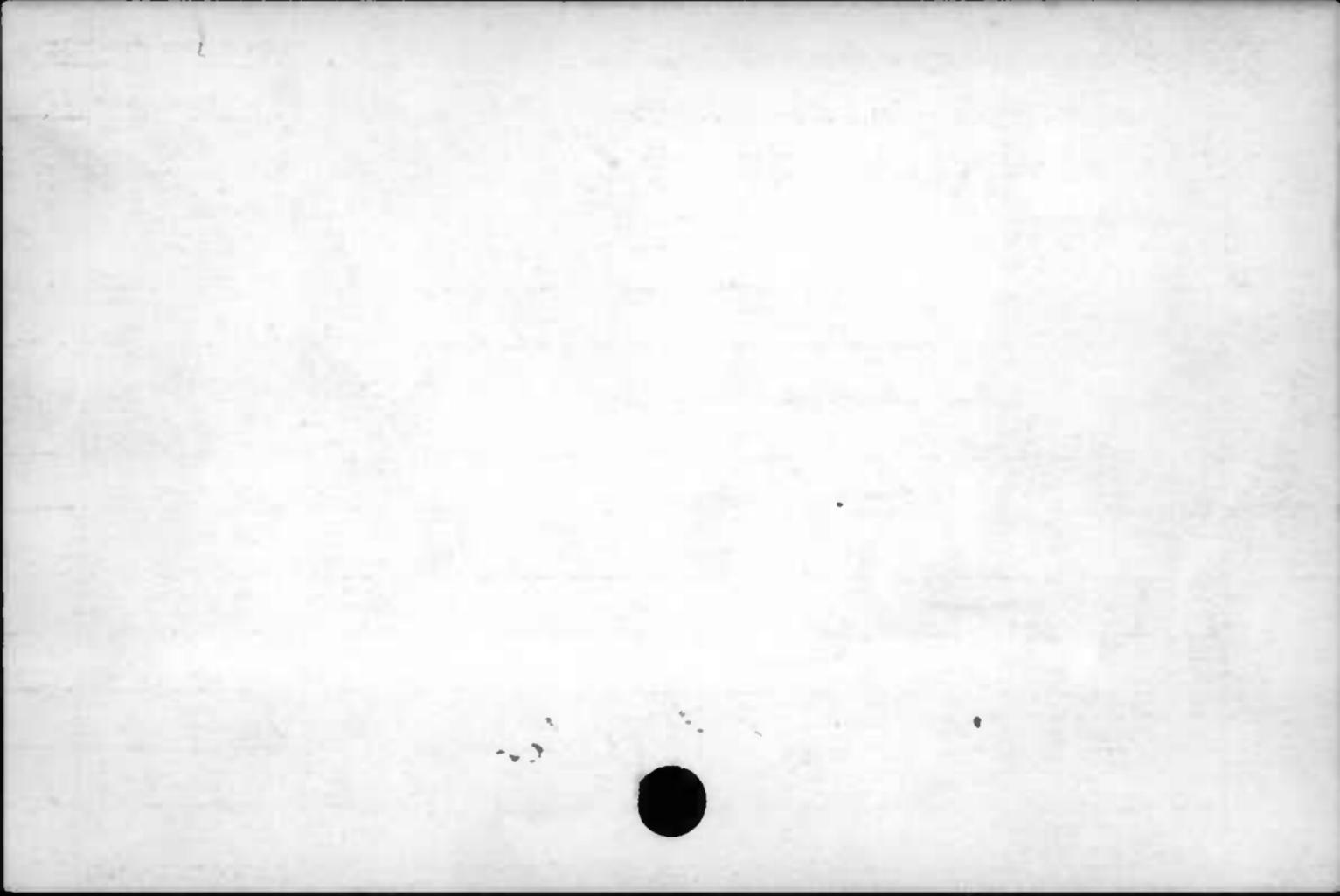
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

No



Name  
in  
Full

Louis Gaskins

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

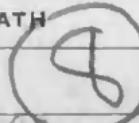
|                                   |                         |   |               |
|-----------------------------------|-------------------------|---|---------------|
| Died at                           | Town                    | County                                  | At            |
| Date of death                     | Month                   | Day                                     | MARYLAND      |
| 1906                              | August                  | 7 <sup>th</sup>                         | Months 3 Days |
| Age                               | Years 2                 | Birth-place                             | At 60'        |
| Sex Male                          | Color or Race colored   | Where Residing if not at place of death |               |
| Occupation                        |                         |   |               |
| Married, Single or Widowed        | Name of Wife or Husband | Father's Birthplace                     | At 60'        |
| Father's Name                     | John Gaskins            | Mother's Birthplace                     | At 60'        |
| Mother's Maiden Name              | Priscilla Robinson      | How related to deceased                 | At 60'        |
| Name of person giving information | Father -                |   |               |

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Pertussis



How long

Several weeks

Immediate

Bronchitis (Capillary)

How long

Three days

Are the name, age, sex, color, date and place correctly given above?

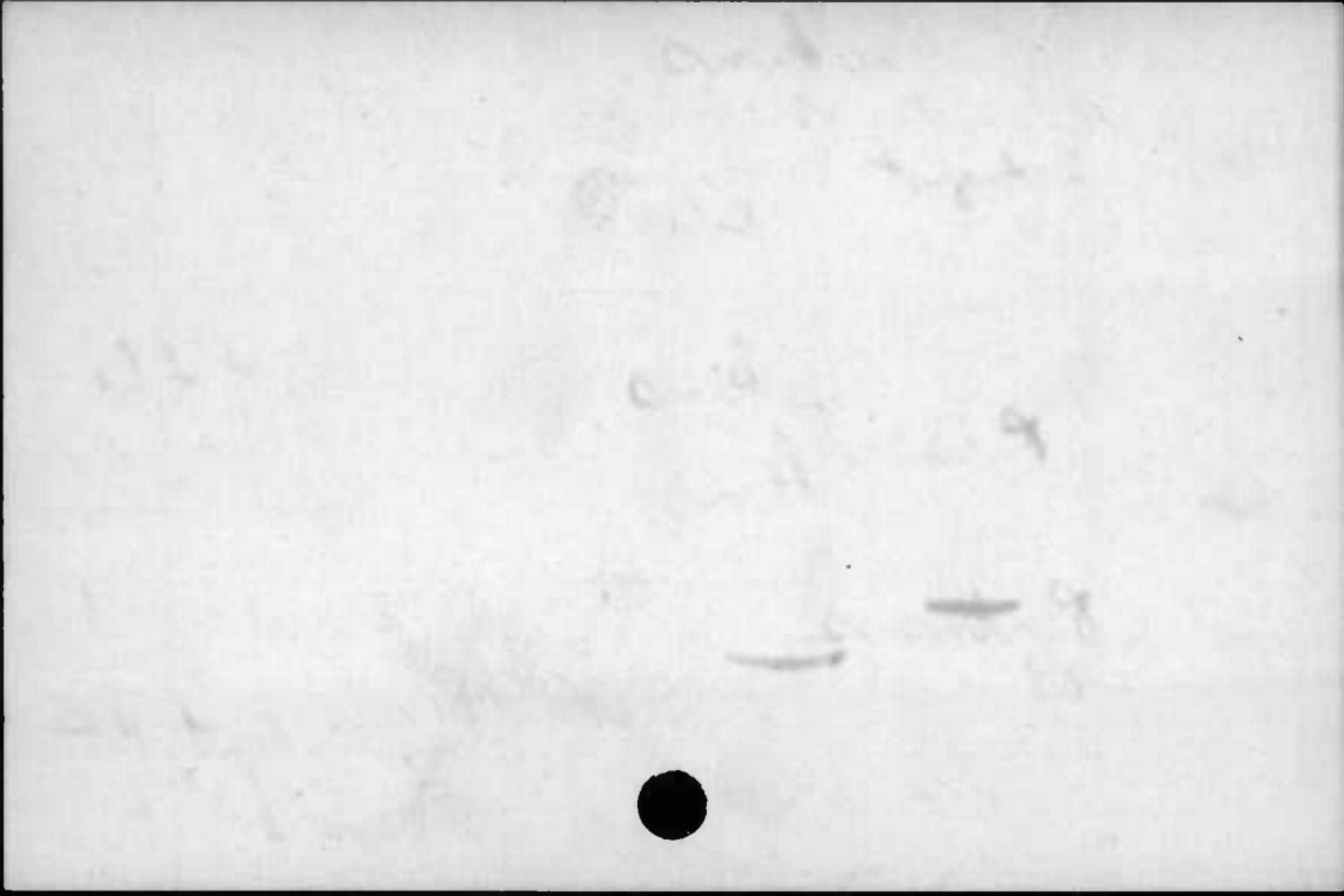
Signature of Physician

Address

John Ridout, M.D.

Yes

Accident or Suicide?



Name  
in  
Full

Walter Alexander Gordon 6/2/55 CERTIFICATE OF DEATH

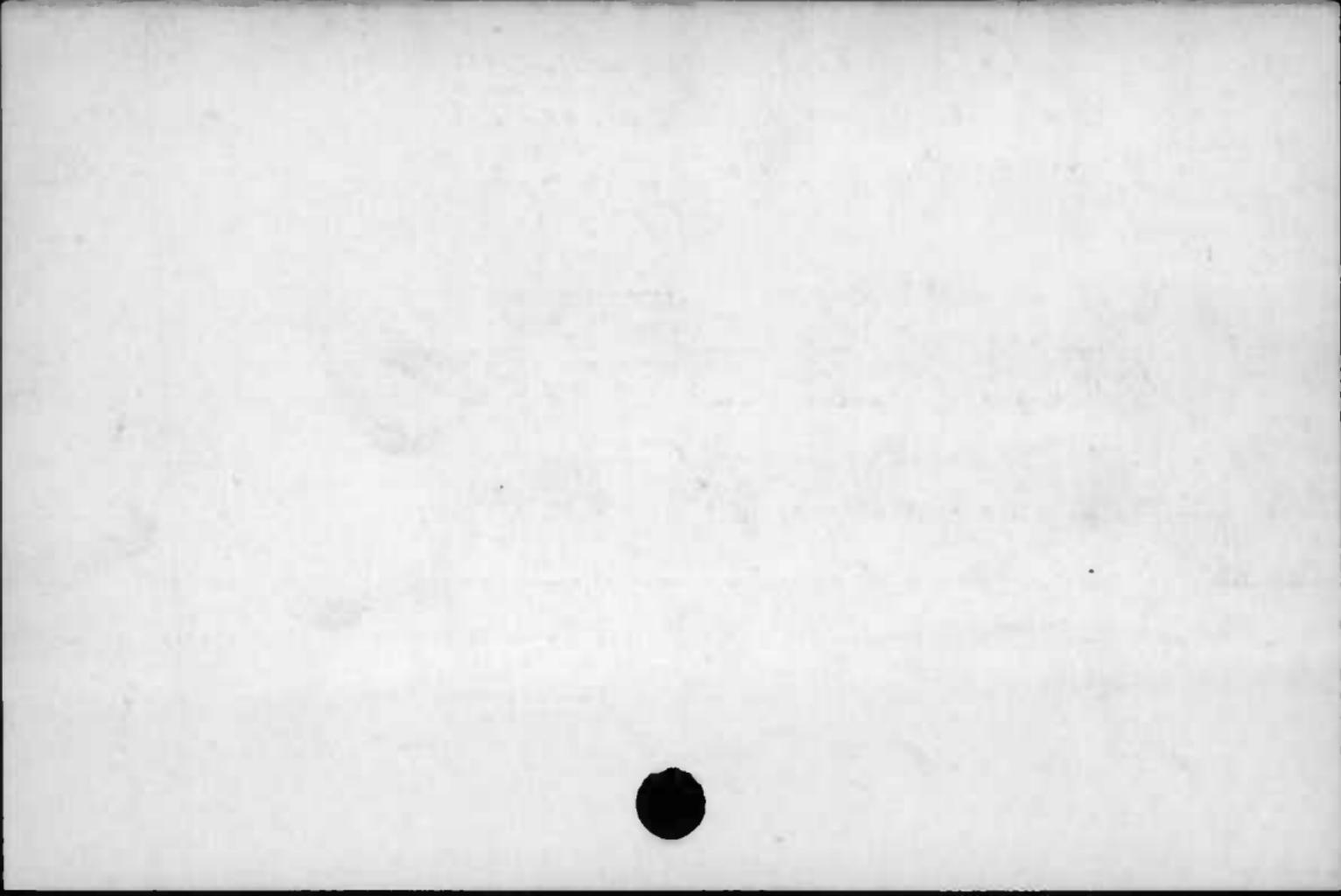
To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                     |       |        |      |
|-----------------------------------|---|---------------------|-------|--------|------|
| Died at                           | Town                                    | County              |       |        |      |
| Annapolis                         | Annapolis                               | MARYLAND            |       |        |      |
| Date of death                     | Month                                   | Day                 | Years | Months | Days |
| 1906                              | Aug                                     | 24                  | 22    |        |      |
| Sex                               | Color or Race                           | Birth-place         |       |        |      |
| Male                              | Colored                                 | Cecil Co            |       |        |      |
| Occupation                        | Where Residing if not at place of death |                     |       |        |      |
| Laborer                           | Annapolis                               |                     |       |        |      |
| Married, Single or Widowed        | Name of Wife or Husband                 |                     |       |        |      |
| Single                            |   |                     |       |        |      |
| Father's Name                     |   | Father's Birthplace |       |        |      |
| Loydell Gordon                    |   | Hurford Co.         |       |        |      |
| Mother's Maiden Name              |   | Mother's Birthplace |       |        |      |
| Lucy Hart                         | " "                                     |                     |       |        |      |
| Name of person giving information | How related to deceased                 |                     |       |        |      |
| Mary Walton                       | Sister                                  |                     |       |        |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                     |                        |                       |
|--|---------------------|------------------------|-----------------------|
| Primary  | 176                 | How long               | 4 days                |
| Stab wound of abdomen  |                     | How long               | Several hours         |
| Immediate  | Diffuse Peritonitis |                        |                       |
| Are the name, age, sex, color, date and place correctly given above? | yes                 | Signature of Physician | Walton H Hopkins M.D. |
|  |                     | Address                | Annapolis Md.         |
| Accident or Suicide?   | Homicidal           |                        |                       |



Name  
in  
Full

Green

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |               |         |             |                         |  |
|-----------------------------------|---|---------------|---------|-------------|-------------------------|--|
| Died at                           | Town                                    | County        |         | MARYLAND    |                         |  |
| Date of death                     | Month                                   | Day           | Years   | Months      | Days                    |  |
| Sex                               | Male                                    | Color or Race | Colored | Birth-place | Annapolis               |  |
| Occupation                        | Where Residing if not at place of death |               |         |             |                         |  |
| Married, Single or Widowed        | Name of Wife or Husband                 |               |         |             |                         |  |
| Father's Name                     | John Green                              |               |         |             | Father's Birthplace     |  |
| Mother's Maiden Name              | Margaret Berry                          |               |         |             | Mother's Birthplace     |  |
| Name of person giving information | John Green                              |               |         |             | How related to deceased |  |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still born

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Wm J Welch M.D.  
Annapolis

Address

Accident or Suicide?



## Name

in  
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

James Gross

## CERTIFICATE OF DEATH

Died at

Town

County

Date of death

Month

Day

Years

Months

Days

1906 Aug.

20

Age 24

MARYLAND

Sex

Color or Race

Birth-place

A.S. Co. Md.

Occupation

Farm hand

Where Residing if not  
at place of death

Baltimore, Md.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Frances Wate Gross

Father's Name

James Gross

Father's Birthplace

Md.

Mother's Maiden Name

Martha Estep

Mother's Birthplace

Md.

Name of person giving  
Information

James Gross

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Lightning Stroke.

(1)

How long

Instantaneous

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

H. V. Perrie  
McKendree, Md.

Accident or Suicide?



Name  
in  
Full

Milton Gross

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

|                                   |   |                         |             |                         |      |
|-----------------------------------|---|-------------------------|-------------|-------------------------|------|
| Died at                           | Town                                    | County                  |             | MARYLAND                |      |
| Date of death                     | Month                                   | Day                     | Years       | Months                  | Days |
| Sex                               | Color or Race                           | Age                     | Birth-place |                         |      |
| Occupation                        | Where Residing if not at place of death |                         |             |                         |      |
| Married, Single or Widowed        | Single                                  | Name of Wife or Husband |             |                         |      |
| Father's Name                     | Charles Gross                           |                         |             | Father's Birthplace     |      |
| Mother's Maiden Name              | Amy Randall                             |                         |             | Mother's Birthplace     |      |
| Name of person giving information | Sam Gross                               |                         |             | How related to deceased |      |

CAUSES OF DEATH

|           |                  |     |          |
|-----------|------------------|-----|----------|
| Primary   | Lightning Stroke | 111 | How long |
| Immediate |                  |     | How long |

Are the name, age, sex, color, date and place correctly given above?

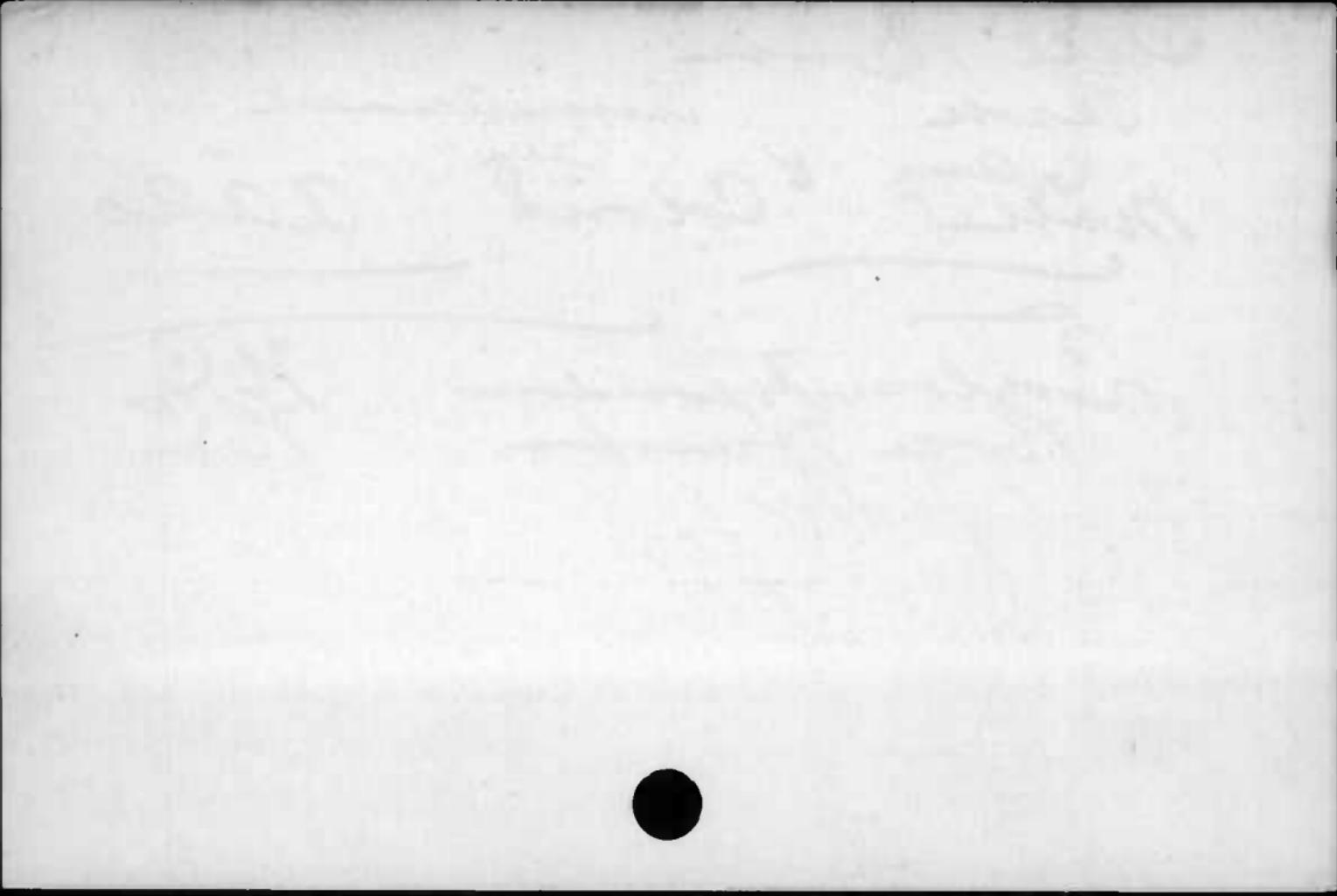
Yes

Signature of Physician

Address

H. H. Perrie  
McKendree, Md.

Accident or Suicide?



Name  
in  
Full

Still Born

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Parole Town

Date of death 1906 Month

Day

County

Anne Arundel

MARYLAND

Years

Months

Days

Age

Sex Male

Color or Race

Colored

Birth-place

A.A.S.

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

Horizon Henderson  
Rose Hunt  
Father

N.C.  
N.C.

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

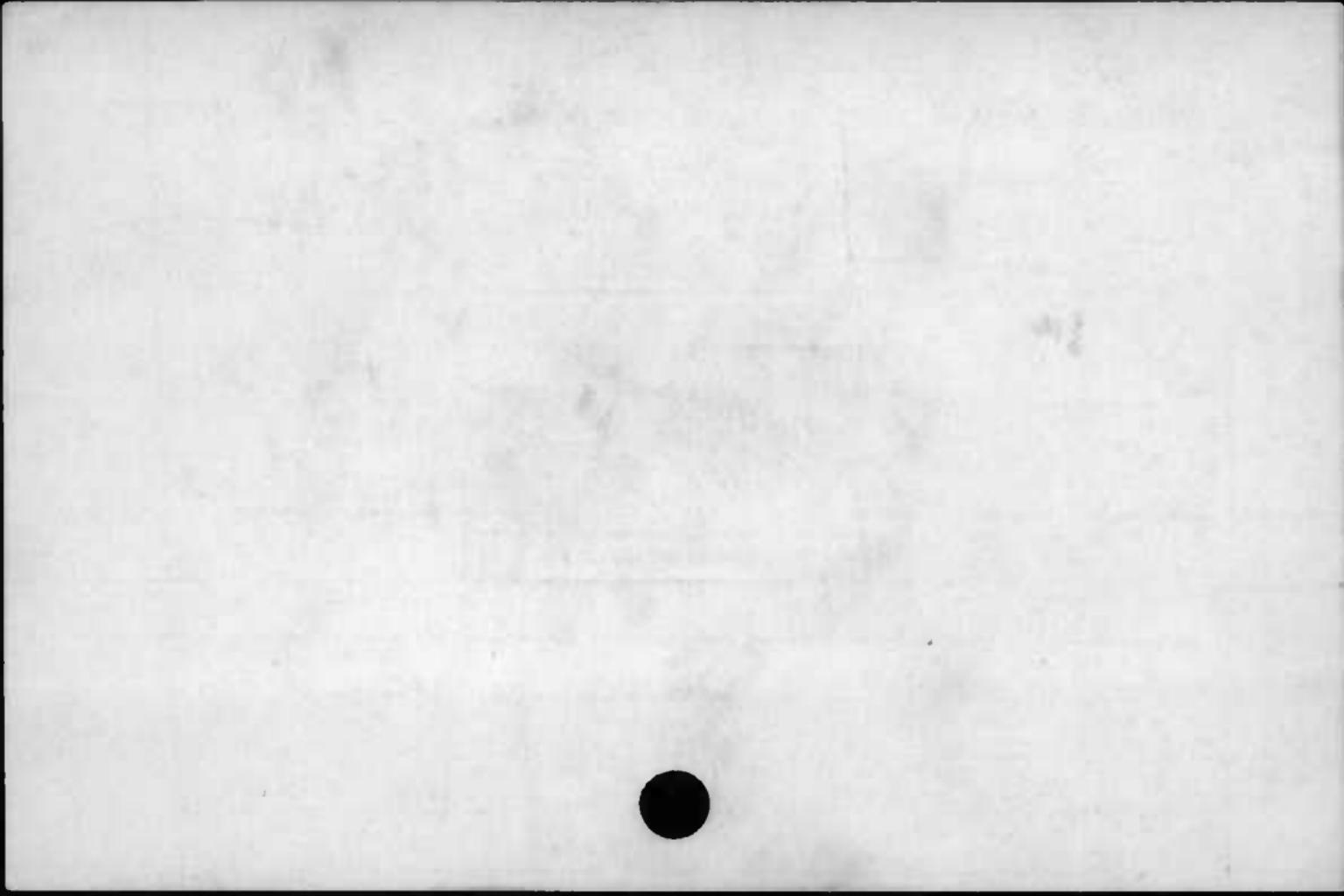
Address

yes

John Ridontal  
Atmaphysis  
Md

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Harrison

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |                  |               |       |   |                     |          |
|-----------------------------------|------------------|---------------|-------|---|---------------------|----------|
| Town                              | Wilmington       |               |       | County                                  | New Castle          |          |
| Died at                           | Date of death    | Month         | Day   | Years                                   | Months              | Days     |
|                                   | 1906             | 8             | 27    | Age                                     |                     |          |
| Sex                               | Male             | Color or Race | Black | Birth-place                             | At Colle            |          |
| Occupation                        |                  |               |       | Where Residing if not at place of death |                     |          |
| Married, Single or Widowed        | William Garrison |               |       | Name of Wife or Husband                 | Father's Birthplace | At Colle |
| Father's Name                     | Ella Johnson     |               |       | Mother's Birthplace                     | At Colle            | At Colle |
| Mother's Maiden Name              | Benjamin Matthew |               |       | How related to deceased                 | Friend              |          |
| Name of person giving information |                  |               |       |   |                     |          |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Mangitis

(6)

How long

2 days

Immediate

Convulsions

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

yes

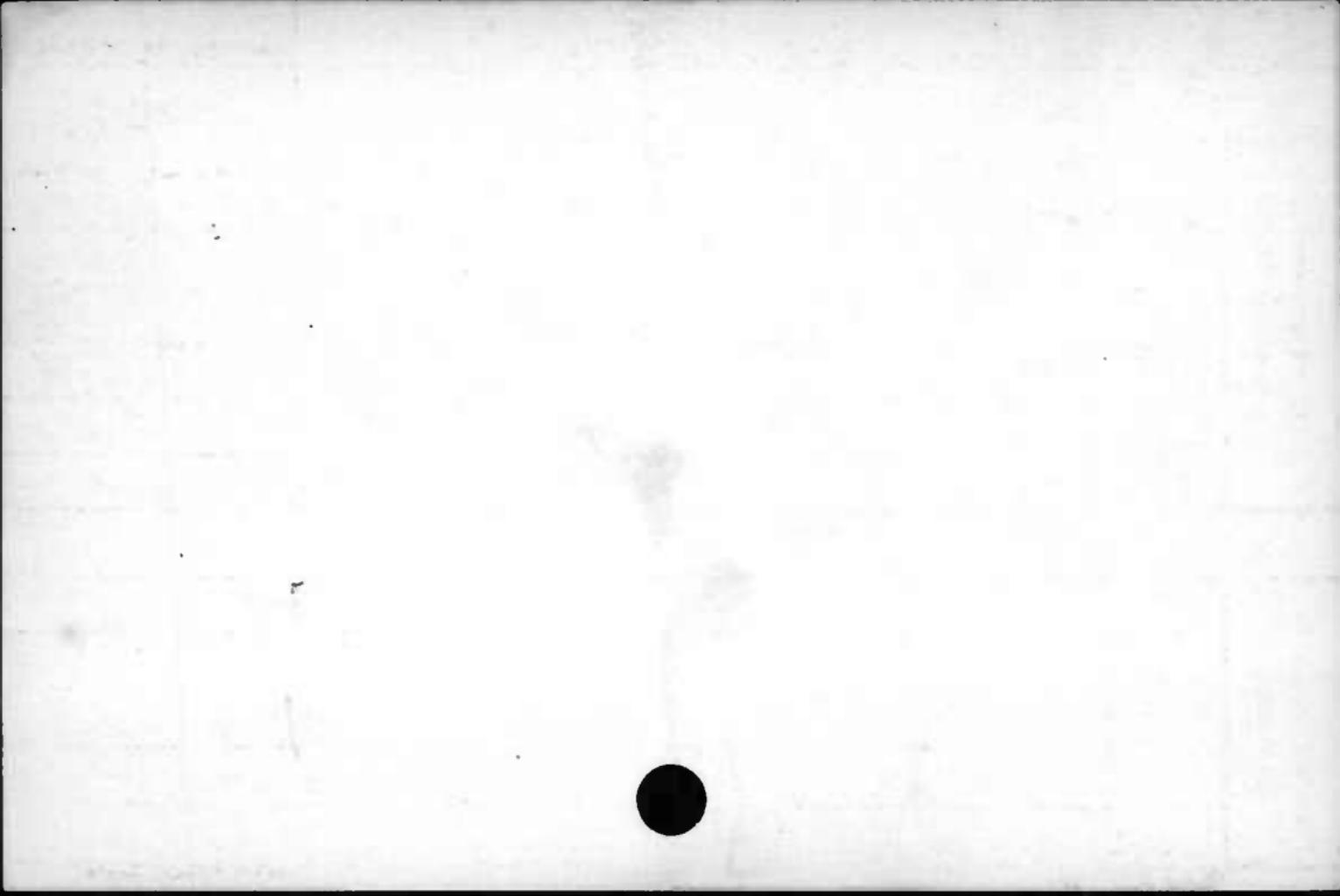
Signature of Physician

G R Wmerson

Address

Hanover  
Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Hartungs Wm H B

|                                   |                    |                         |                    |   |                      |      |
|-----------------------------------|--------------------|-------------------------|--------------------|---|----------------------|------|
| Died at                           | Town               | a a                     |                    | County                                  | CERTIFICATE OF DEATH |      |
| Date of death                     | Month              | Day                     | Age                | Years                                   | Months               | Days |
| Sex                               | Male               | Color or Race           | White              | Birth-place                             | MARYLAND             |      |
| Occupation                        |                    |                         |                    | Where Residing if not at place of death |                      |      |
| Married, Single or Widowed        | Single             | Name of Wife or Husband | Alexander Hartungs | Father's Birthplace                     | See                  |      |
| Father's Name                     | Alexander Hartungs |                         |                    | Mother's Birthplace                     | See                  |      |
| Mother's Maiden Name              | Alexander Hartungs |                         |                    | How related to deceased                 |                      |      |
| Name of person giving information | Hartungs           |                         |                    |   |                      |      |

CAUSES OF DEATH

Primary

Concussion



How long

5 day

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

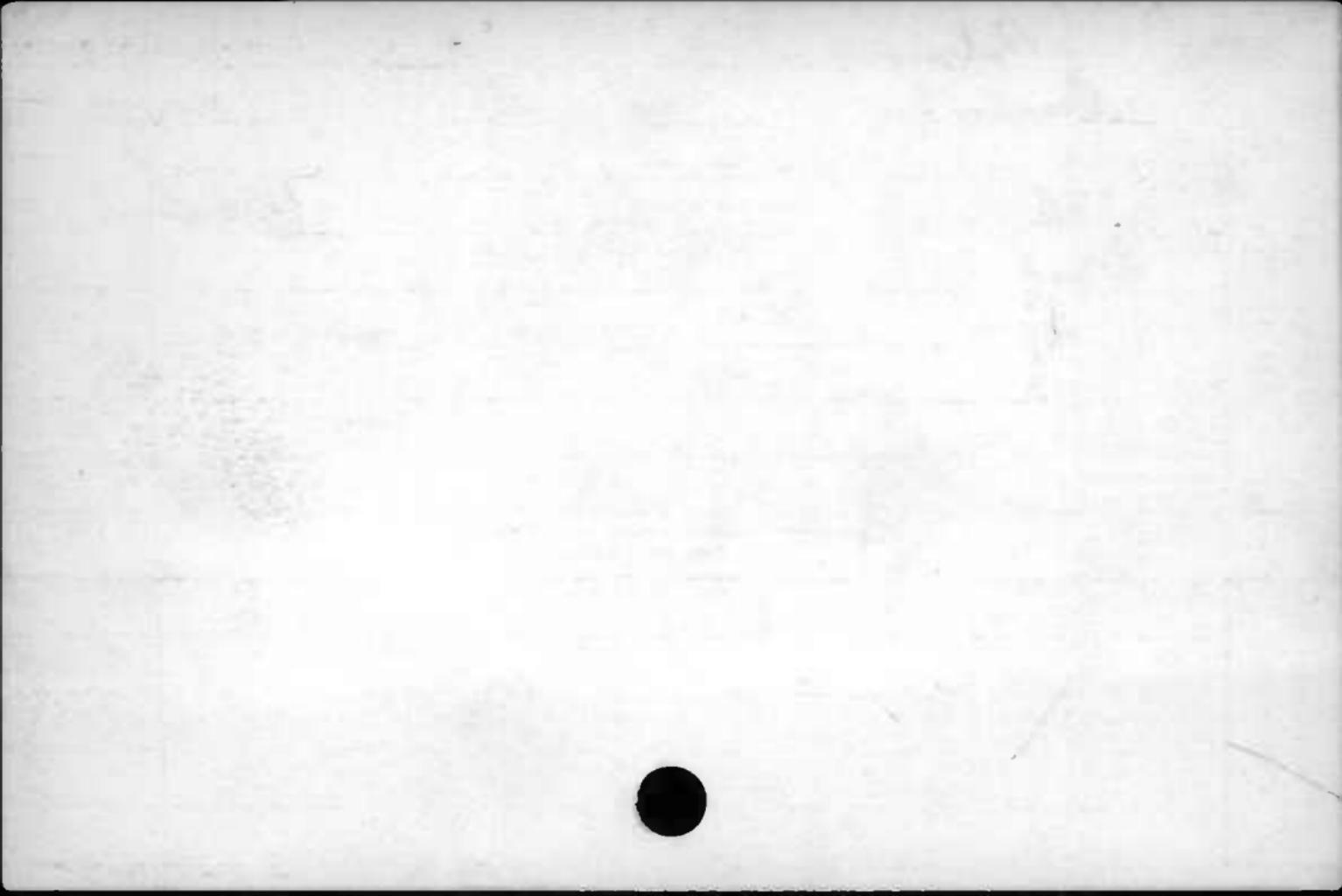
Yes

Signature of Physician

Address

J B Jr Hartungs  
Baltimore Md

Accident or Suicide?



Name  
in  
Full

Lillian Adella Jackson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

|               |   |        |       |             |      |
|---------------|---|--------|-------|-------------|------|
| Died at       | Town                                    | County |       | MARYLAND    |      |
| Date of death | Month                                   | Day    | Years | Months      | Days |
| Sex           | Color or Race                           |        |       | Birth-place |      |
| Occupation    | Where Residing if not at place of death |        |       |             |      |

1906 8 28 3 4 At Colld

|                                   |                         |                         |
|-----------------------------------|-------------------------|-------------------------|
| Married, Single or Widowed        | Name of Wife or Husband | Father's Birthplace     |
| Father's Name                     | John Jackson            | At Colld                |
| Mother's Maiden Name              | Priscilla Marrs         | Howard Co               |
| Name of person giving information | John Jackson            | How related to deceased |

## CAUSES OF DEATH

(D4)

|           |                   |          |          |
|-----------|-------------------|----------|----------|
| Primary   | Acute Indigestion | How long | 16 hours |
| Immediate | Convulsions       | How long | 12 hours |

Are the name, age, sex, color, date and place correctly given above?

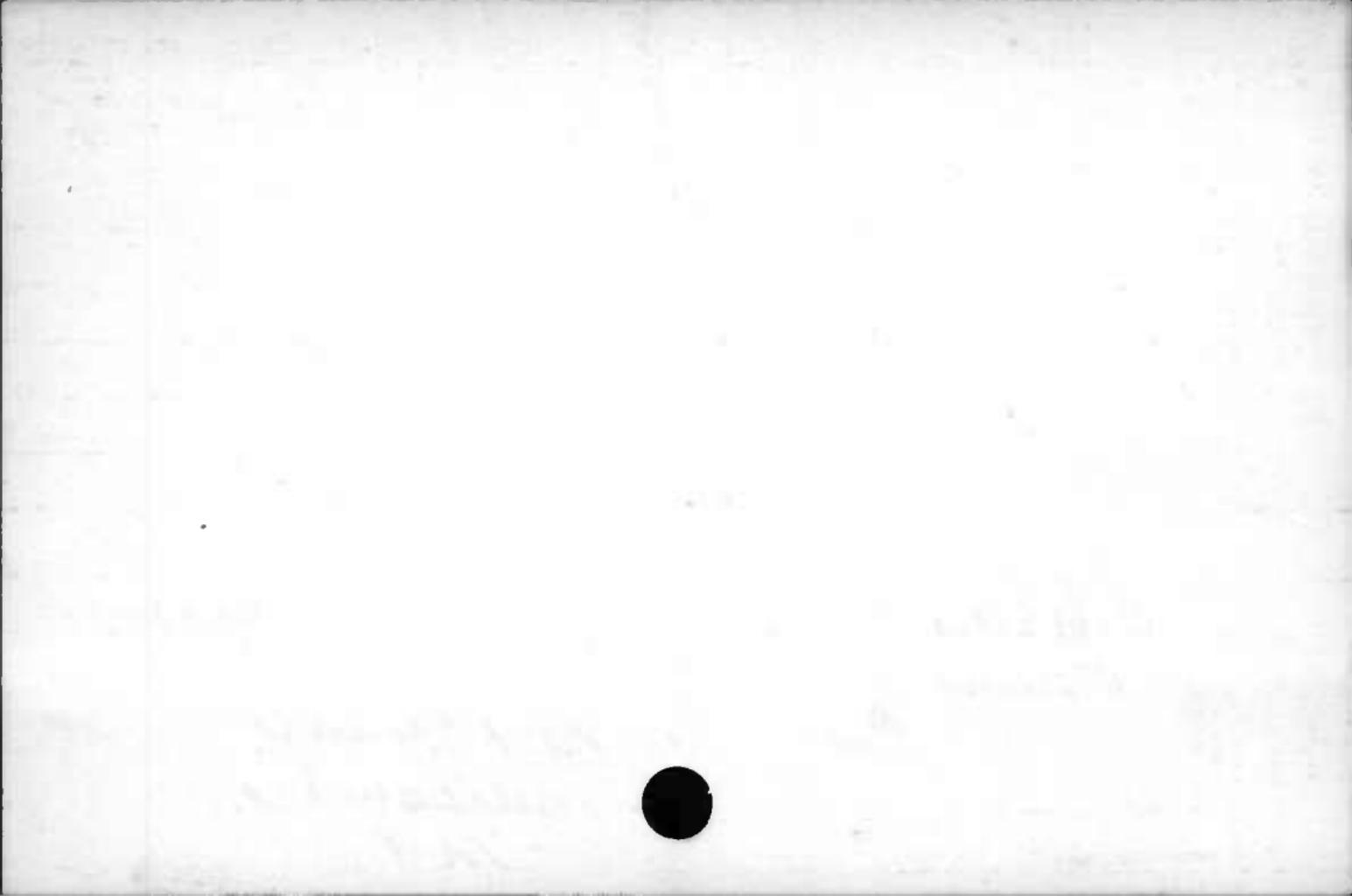
Yes

Signature of Physician

Address

L R Wmerson  
Hanover  
Md

Accident or Suicide?



Name  
in  
Full

Sarah Jinks Jackson

CERTIFICATE OF DEATH

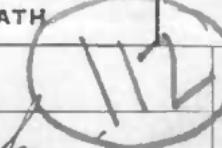
TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |                                       |                         |        |   |                    |      |
|-----------------------------------|---------------------------------------|-------------------------|--------|---|--------------------|------|
| Died at                           | Gambrells                             | Town                    | County | Anne Arundel                            |                    |      |
| Date of death                     | 1906                                  | Month                   | Day    | Years                                   | Months             | Days |
|                                   |                                       |                         | 19     | 65                                      | five               | six  |
| Sex                               | Female                                | Color or Race           | White  | Birth place                             | Green Bank, W. Va. | Year |
| Occupation                        | Domestic                              |                         |        | Where Residing if not at place of death | Place of death     |      |
| Married, Single or Widowed        | Single                                | Name of Wife or Husband |        |   |                    |      |
| Father's Name                     | Jackson, 1 <sup>st</sup> name unknown |                         |        | Father's Birthplace                     | Unknown            |      |
| Mother's Maiden Name              | Unknown                               |                         |        | Mother's Birthplace                     | Unknown            |      |
| Name of person giving information | Mrs C. A. Joyce                       |                         |        | How related to deceased                 | Friend             |      |

CAUSES OF DEATH

Primary

Cushosis of Liver



How long

6 mos-

Immediate

Edema. Exhampyori. Gradual sinking.

How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

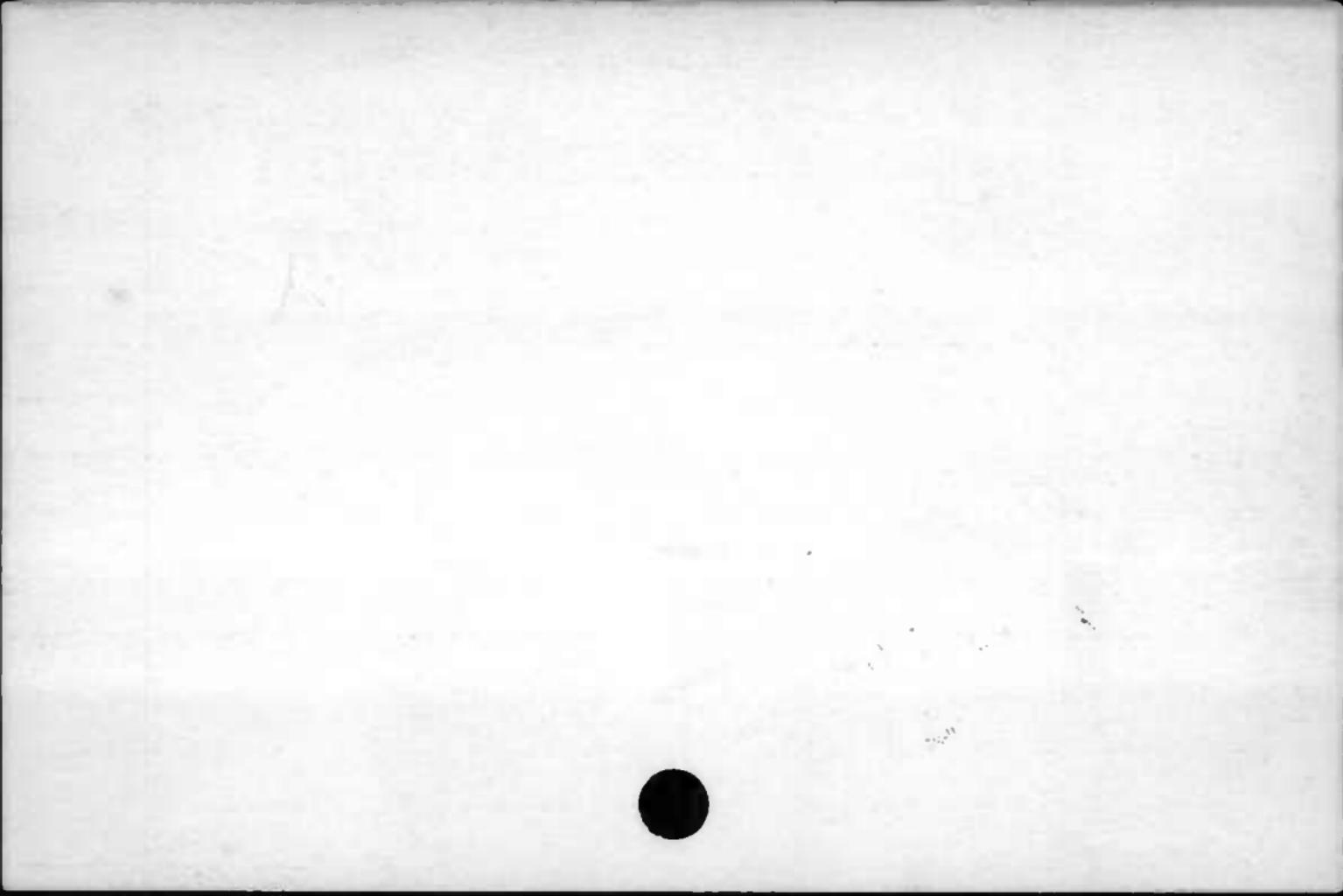
Yes

Signature of Physician

A. V. Gantz  
Melrose  
Md

Address

Accident or Suicide?



Name  
in  
Full

Mary Jacobs

CERTIFICATE OF DEATH

To BE ANSWERED BY

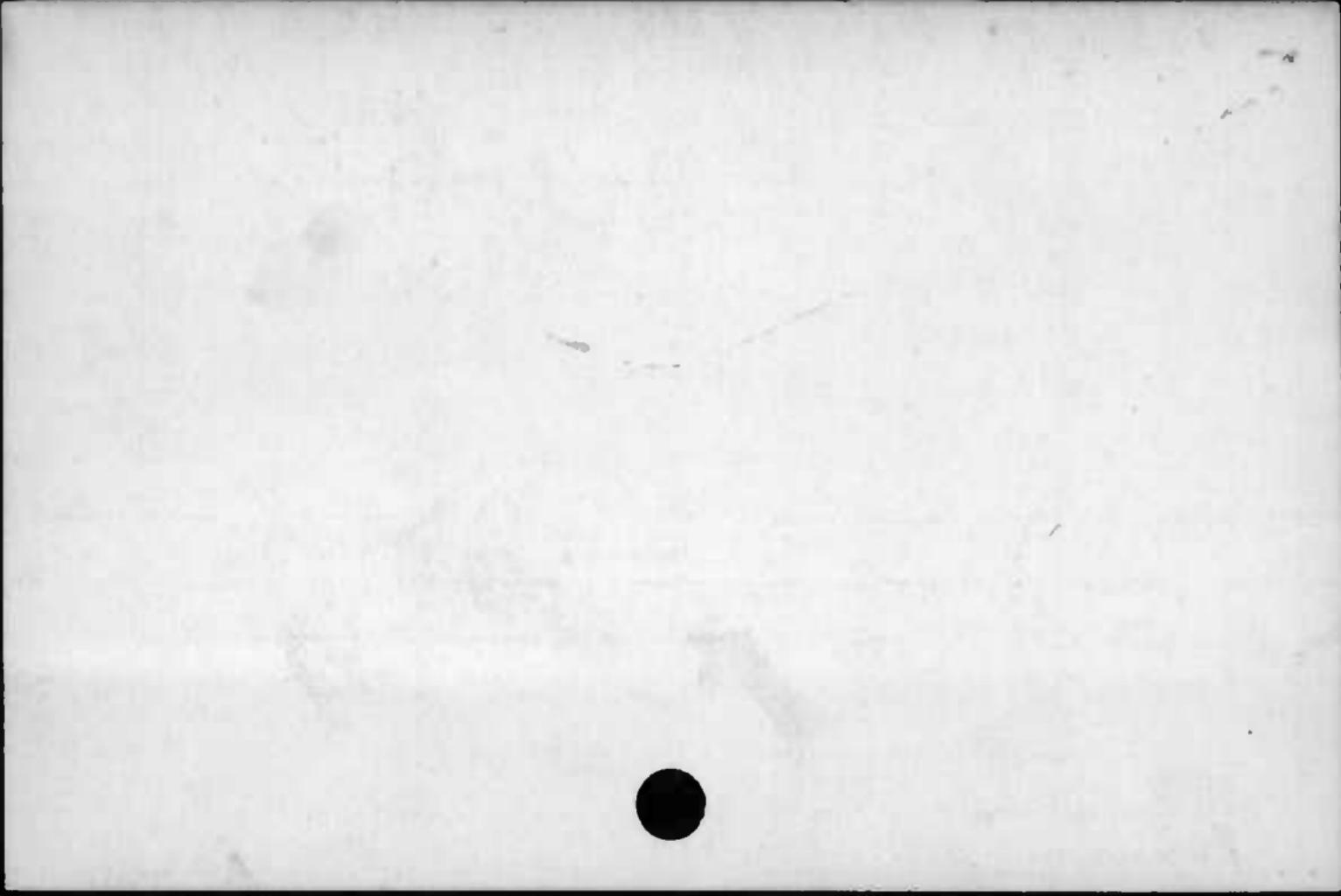
NEAREST FRIEND

|                                   |                |                         |          |   |           |
|-----------------------------------|----------------|-------------------------|----------|---|-----------|
| Died at                           | Town           | P.O.                    | County   | MARYLAND                                |           |
| Date of death                     | Month          | Day                     | Years    | Months                                  | Days      |
| Sex                               | Female         | Color or Race           | Colored- | Birth-place                             | A.A. Co.  |
| Occupation                        | House work -   |                         |          | Where Residing if not at place of death |           |
| Married, Single or Widowed        | Single         | Name of Wife or Husband |          |   |           |
| Father's Name                     | Hess. Jacobs   |                         |          | Father's Birthplace                     | Maryland. |
| Mother's Maiden Name              | Hattie Hammond |                         |          | Mother's Birthplace                     | A.A. Co.  |
| Name of person giving Information | Will Jacobs    |                         |          | How related to deceased                 | Brother   |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                        |                        |                           |          |
|--|------------------------|------------------------|---------------------------|----------|
| Primary  | Pulmonary Tuberculosis |                        | How long                  | One year |
| Immediate  | General Exhaustion     |                        | How long                  | -        |
| Are the name, age, sex, color, date and place correctly given above? | Yes                    | Signature of Physician | James S. Billingsley M.D. |          |
|  |                        | Address                | Armenier<br>Md.           |          |
| Accident or Suicide?   | -                      |                        |                           |          |



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Geo Jedlicka

CERTIFICATE OF DEATH

|                                   |   |        |          |             |
|-----------------------------------|---|--------|----------|-------------|
| Died at                           | Town                                    | County | MARYLAND |             |
| Date of death                     | Month                                   | Day    | Years    | Months Days |
| Sex                               | Color or Race                           | Age    |          |             |
| Occupation                        | Where Residing if not at place of death |        |          |             |
| Married, Single or Widowed        | Name of Wife or Husband                 |        |          |             |
| Father's Name                     | John Jedlicka                           |        |          |             |
| Mother's Maiden Name              | Julia Fetzey                            |        |          |             |
| Name of person giving information | John Jedlicka                           |        |          |             |
| Father's Birthplace               | Bohemia                                 |        |          |             |
| Mother's Birthplace               | Bohemia                                 |        |          |             |
| How related to deceased           | Father                                  |        |          |             |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Diphtheria

(9)

How long

3 days

Immediate

Heart Failure

(9)

How long

Are the name, age, sex, color, date and place correctly given above?

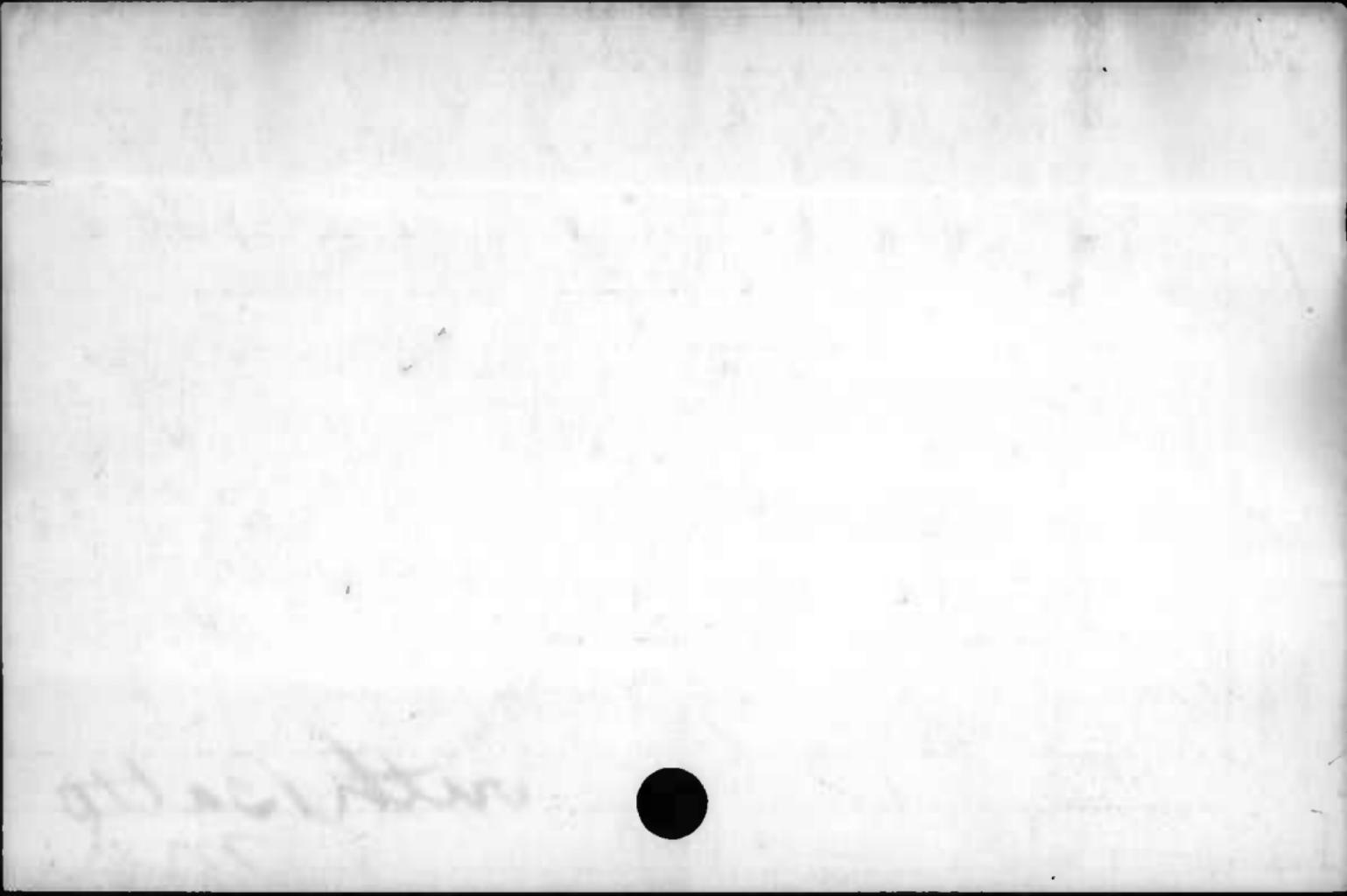
Yes

Signature of Physician

Address

J. P. Norton M.D.  
South Baltimore  
Md.

Accident or Suicide?



Name

in  
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Fasa, E. Jonslius

## CERTIFICATE OF DEATH

Died at FairfieldCounty a a

MARYLAND

|                           |                |               |               |       |                 |      |
|---------------------------|----------------|---------------|---------------|-------|-----------------|------|
| Date of death <u>1906</u> | Month <u>8</u> | Day <u>18</u> | Age <u>11</u> | Years | Months <u>8</u> | Days |
|---------------------------|----------------|---------------|---------------|-------|-----------------|------|

Sex FemaleColor or Race whiteBirth-place M dOccupation -Where Residing if not at place of death -Married, Single or Widowed SinglName of Wife or Husband -Father's Name Howard JondiusFather's Birthplace M dMother's Maiden Name GoodrichMother's Birthplace M dName of person giving information Murphy

How related to deceased

## CAUSES OF DEATH

Primary Enter Coctiti

105

How long 3 wads

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

YesChas. D. Brood  
Brooklyn

Accident or Suicide?



Name  
in  
Full

Harry R. Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                       |          |        |      |
|-----------------------------------|---|-----------------------|----------|--------|------|
| Died at                           | Town  | County                | MARYLAND |        |      |
| Date of death 190                 | Month August                                      | Day 21                | Years    | Months | Days |
| Sex Male                          | Color or Race Colored                             | Birth-place Annapolis |          |        |      |
| Occupation                        | Where Residing if not at place of death 26 Bay St |                       |          |        |      |
| Married, Single or Widowed        | Name of Wife or Husband                           |                       |          |        |      |
| Father's Name                     | William Johnson                                   |                       |          |        |      |
| Mother's Maiden Name              | Mable Price                                       |                       |          |        |      |
| Name of person giving information | Mother  |                       |          |        |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Mangasms

(179)

How long

Months

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

yes

John Ridout 10  
Annapolis



Name

in  
Full

Harriet Johnson

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Annapolis Town County  
Date of death 1906 Month Day Years Months DaysAge 67 yrs Birth-place Annapolis  
Sex Female Color or Race Colored  
Occupation Seamstress Where Residing if not at place of deathMarried, Single or Widowed  
Name of Wife or Husband

Father's Name Anknown

Father's Birthplace Annapolis

Mother's Maiden Name Emily Brumms

Mother's Birthplace Annapolis

Name of person giving information

Emma Scotts

How related to deceased Niece

## CAUSES OF DEATH

Primary

Valvular disease of the heart, Angina Pectoris

How long

Sudden death

Immediate

Are the name, age, sex, color, date and place correctly given above?

How long

Death

PHYSICIAN  
OR CORONER

Yes

Signature of Physician

Address

John Ridout Jr.  
Annapolis  
Md

Accident or Suicide?



Name  
in  
Full

Hester Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY

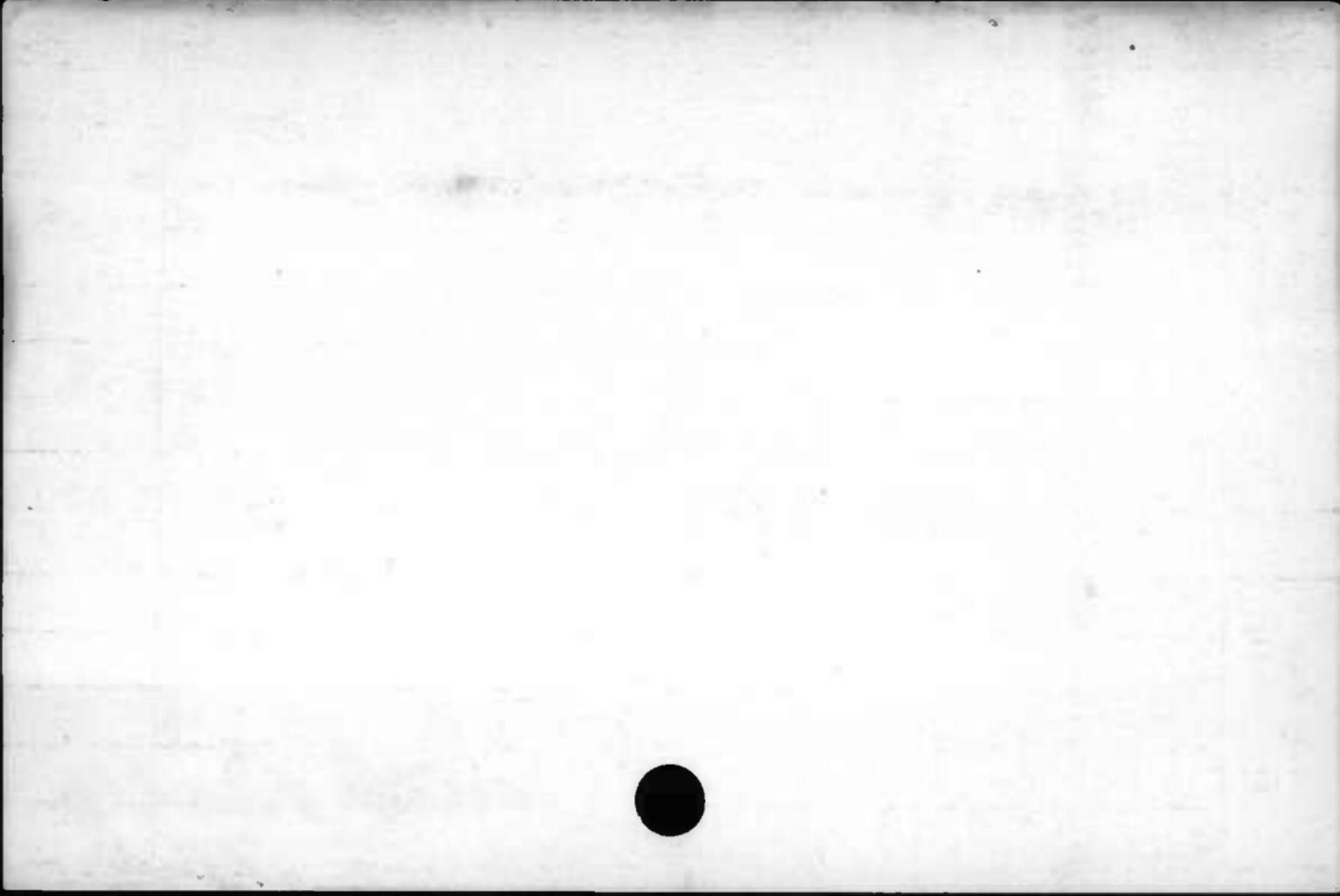
NEAREST FRIEND

|                                   |   |              |       |             |
|-----------------------------------|---|--------------|-------|-------------|
| Died at                           | Town                                    | Anne Arundel |       | MARYLAND    |
| Date of death                     | Month                                   | Day          | Years | Months Days |
| Sex                               | Color or Race                           | Age 64       |       |             |
| Occupation                        | Where Residing if not at place of death |              |       |             |
| Married, Single or Widowed        | Name of Wife or Husband                 | Ely Johnson  |       |             |
| Father's Name                     | Hiram Richards AACo MD                  |              |       |             |
| Mother's Maiden Name              | Eliza Johnson AACo MD                   |              |       |             |
| Name of person giving information | Eliza Brown Not related                 |              |       |             |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                     |                        |                |
|--|---------------------|------------------------|----------------|
| Primary  | Cerebral Hemorrhage |                        | How long       |
| Immediate  | Paralytics          |                        | How long       |
| Are the name, age, sex, color, date and place correctly given above? | yes                 | Signature of Physician | L. H. Crane MD |
|  |                     | Address                | Atmigens Md    |
| Accident or Suicide?   |                     |                        |                |



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Eliza A Jones

CERTIFICATE OF DEATH

Died at Town County State  
Date Month Day Years Months Days  
of death 1906 August 16 1866 6 6

Sex Female Color or Race colored Birth-place East Port  
Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Samuel Jones Father's Birthplace At 60

Mother's Maiden Name Sarah Davis Mother's Birthplace At 60

Name of person giving information Samuel Jones How related to deceased Father

CAUSES OF DEATH

Primary Pertussis Marasmus Several months  
How long

Immediate Asthenia gradual  
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

yes

John Ridout MD  
Annapolis  
Md

Accident or Suicide?

Janet

Janet

Janet

Janet

Janet

Janet

Name

in  
Full

Stella Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

|                                    |   |                              |          |
|------------------------------------|---|------------------------------|----------|
| Died at                            | Town  | County                       | MARYLAND |
| Date of death 1906                 | Month Aug   | Day 26                       | Years 22 |
| Sex Female                         | Color or Race Caucasian                             | Birth-place Annapolis        |          |
| Occupation Domestic                | Where Residing if not at place of death 34 Park St. |                              |          |
| Married, Single or Widowed Married | Name of Wife or Husband Madeline Jones              |                              |          |
| Father's Name                      |   | Father's Birthplace A. A. G. |          |
| Mother's Maiden Name               |   | Mother's Birthplace A. A. G. |          |
| Name of person giving information  |   | How related to deceased      |          |

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Acute Leptomeningitis

How long

2 weeks

Immediate

Exhaustion short while ago

How long

Are the name, age, sex, color, date and place correctly given above?

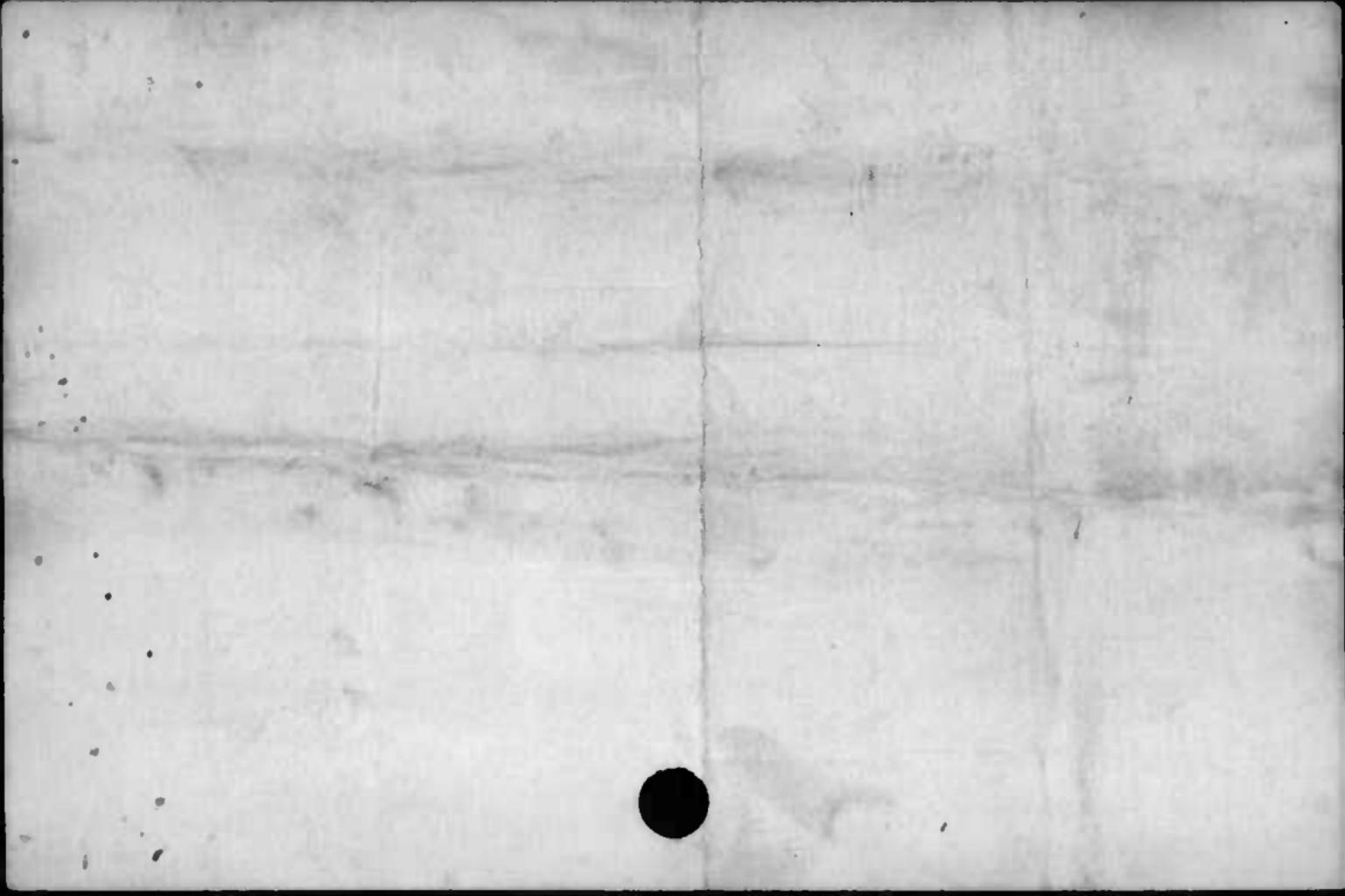
Yes!

Signature of Physician R. P. Keeler

Address

68 Cathedral St.  
Annapolis Md.

Accident or Suicide?



Name  
in  
Full

Frank Karpinsky Jr.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |               |        |        |          |                         |               |
|-----------------------------------|---|---------------|--------|--------|----------|-------------------------|---------------|
| Died at                           |   | Town          | County |        |          |                         |               |
| Died at                           | East Brooklyn                           | Kings         |        |        | MARYLAND |                         |               |
| Date of death                     | 1906 Aug 1                              | Month Day     | Years  | Months | Days     |                         |               |
| Sex                               | Male                                    | Color or Race | one    |        |          |                         |               |
| Occupation                        | white                                   |               |        |        |          | Birth-place             | East Brooklyn |
| Mitated, Single or Widowed        | Where Residing if not at place of death |               |        |        |          |                         |               |
| Father's Name                     | Name of Wife or Husband                 |               |        |        |          |                         |               |
| Mother's Maiden Name              | Frank Karpinsky Jr                      |               |        |        |          | Father's Birthplace     | Poland        |
| Name of person giving information | Mary Yanoshchka                         |               |        |        |          | Mother's Birthplace     | Germany       |
|                                   | Frank Karpinsky                         |               |        |        |          | How related to deceased | Son           |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide

yes

Signature of Physician

Address

Dr. P. B. Morris MD  
308 Belton Rd

How long

How long

Saw child once

Poland Germany

Father's Birthplace

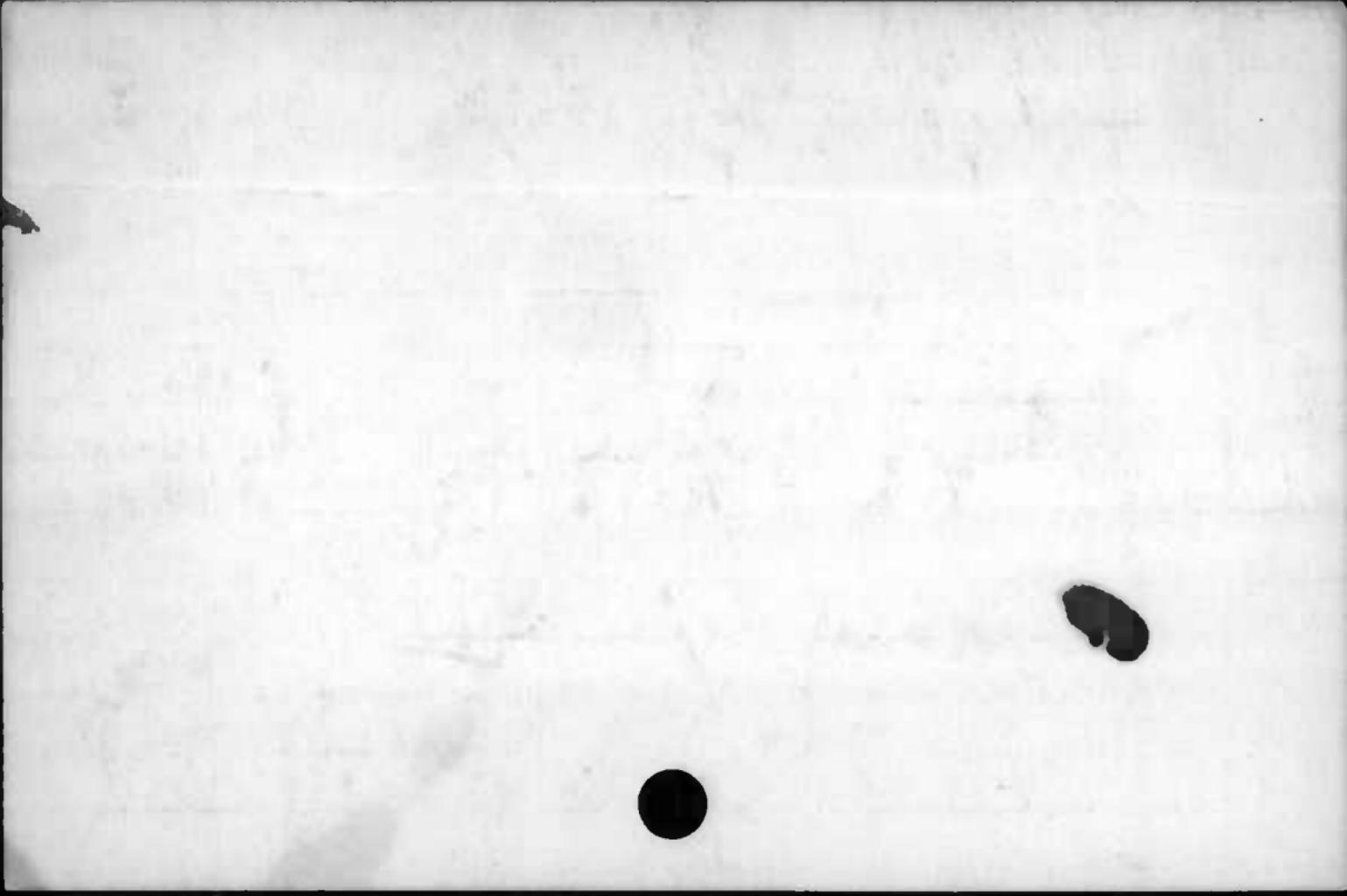
Mother's Birthplace

How related to deceased

Poland Germany

How long

How long



Mary Elizabeth Kauffman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

|   |   |                             |   |          |        |                       |
|---|---|-----------------------------|---|----------|--------|-----------------------|
| Died at   |   | Town<br>Lansdowne P.O.      | County<br>AnneArundel                       | MARYLAND |        |                       |
| Date<br>of death  | Month<br>Aug  | Day<br>1                    | Age<br>49                                   | Years    | Months | Days                  |
| Sex<br>Female   | Color or<br>Race<br>white                                   | Birth-place<br>Pennsylvania |   |          |        |                       |
| Occupation<br>W. wife   | Where Residing if not<br>at place of death                  |                             |   |          |        |                       |
| Married, Single<br>or Widowed   | Name of W <del>ife</del><br>Husband                         | Jeremia M. Kauffman         |   |          |        |                       |
| Father's<br>Name<br>Henry D. Miller -                                   | Father's Birthplace<br>Pa.                                  |                             |   |          |        |                       |
| Mother's<br>Maiden Name   | Mother's Birthplace   |                             |   |          |        |                       |
| Name of person giving<br>Information                                    | How related<br>to deceased<br>Husband                       |                             |   |          |        |                       |
| CAUSES OF DEATH   |   |                             |   |          |        |                       |
| Primary   | <input checked="" type="radio"/> Typhoid fever              |                             |   |          |        | How long<br>4 weeks   |
| Immediate   | <input type="radio"/> Shock after operation for Per Abdomen |                             |   |          |        | How long<br>12 hours. |
| Are the name, age, sex, color, date<br>and place correctly given above? |   | Yrs                         | Signature of<br>Physician<br>Frank H. Rabel |          |        |                       |
| Accident or Suicide?  |   |                             | Address<br>Lansdowne Bolt C. and            |          |        |                       |

A

Jos. M. Syfer.  
London Park,

Name  
in  
Full

Frank Kotchen

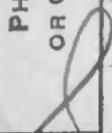
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                  |          |
|-----------------------------------|---|------------------|----------|
| Died at                           | Town                                    | County           | MARYLAND |
| Bunting Bay                       | a.a.co.                                 |                  |          |
| Date of death                     | Month                                   | Day              | Years    |
| 1906                              | Aug.                                    | 15 <sup>th</sup> | Age      |
| Sex                               | Color or Race                           | Birth-place      |          |
| Male                              | White                                   |                  |          |
| Occupation                        | Where Residing if not at place of death |                  |          |
| Married, Single or Widowed        | Name of Wife or Husband                 |                  |          |
| —                                 | —                                       |                  |          |
| Father's Name                     | Mike Kotchen                            |                  |          |
| Mother's Maiden Name              | Elizabeth Washa                         |                  |          |
| Name of person giving information | Mike Kotchen                            |                  |          |
| Father's Birthplace Hungary       |   |                  |          |
| Mother's Birthplace Hungary       |   |                  |          |
| How related to deceased Father    |   |                  |          |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER



Primary

Gastric - Enteritis

105

How long

6 weeks

Immediate

Myocarditis

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

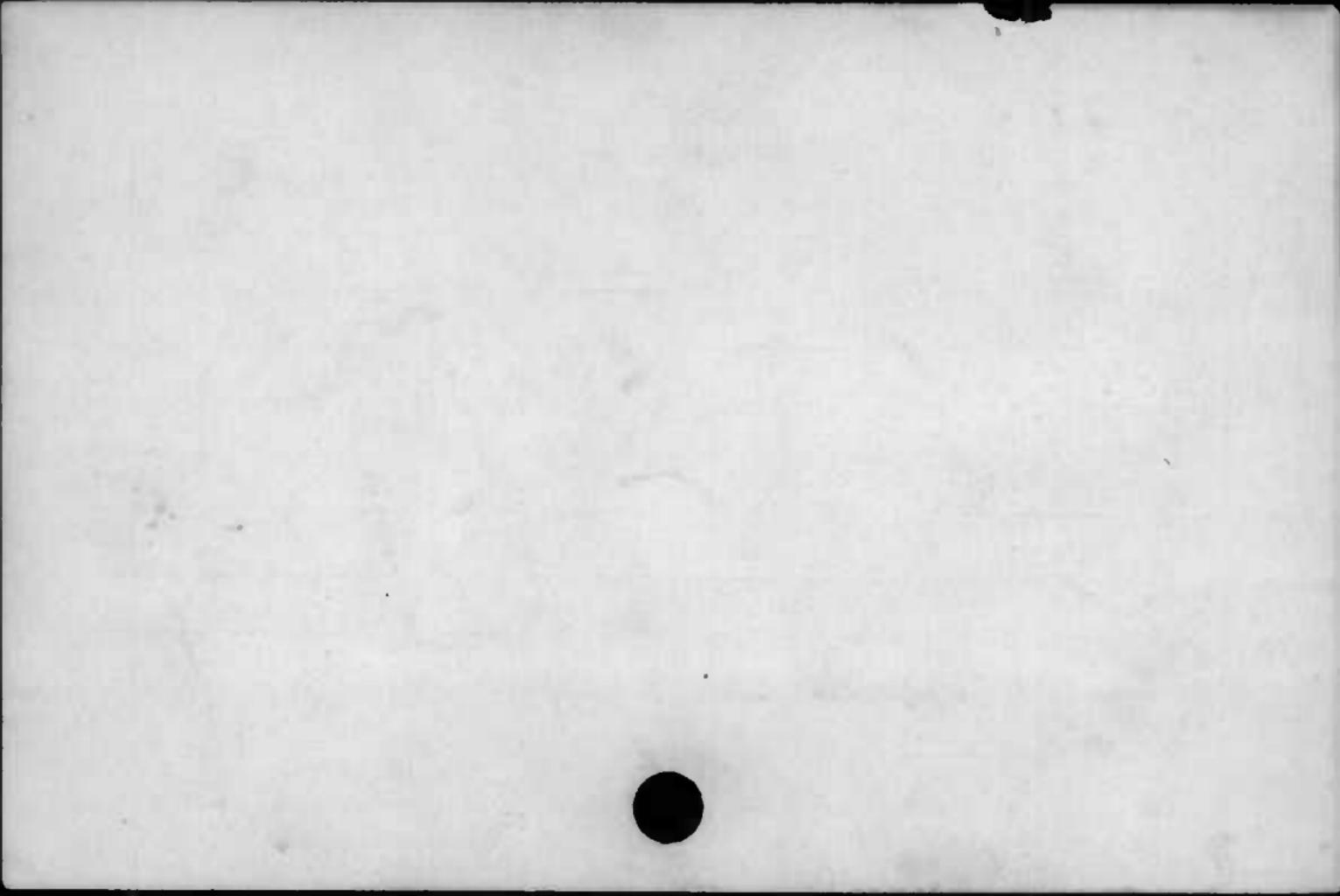
Signature of Physician

Address

William T. Scott M.D.

Bunting Bay,  
a.a.co. Ind.

Accident or Suicide?



Name  
in  
Full

Louis Lane

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

|                                   |                                     |   |          |        |      |
|-----------------------------------|-------------------------------------|---|----------|--------|------|
| Died at                           | Town                                | County                                  | MARYLAND |        |      |
| Date of death 1906                | Month                               | Day                                     | Years    | Months | Days |
| Sex Male                          | Color or Race Colored               | Where Residing if not at place of death |          |        |      |
| Occupation Barber                 | Name of Wife or Husband Martha Lane | Father's Birthplace Baltimore           |          |        |      |
| Married, Single or Widowed        |                                     | Mother's Birthplace Baltimore           |          |        |      |
| Father's Name Wesley Lane         |                                     | How related to deceased Brother         |          |        |      |
| Mother's Maiden Name Gamme-Lane   |                                     |   |          |        |      |
| Name of person giving information | Andrew Lane MD                      |   |          |        |      |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronic Nephritis

How long  
months

Immediate

Nervous exhaustion

How long  
Gradual

Are the name, age, sex, color, date and place correctly given above?

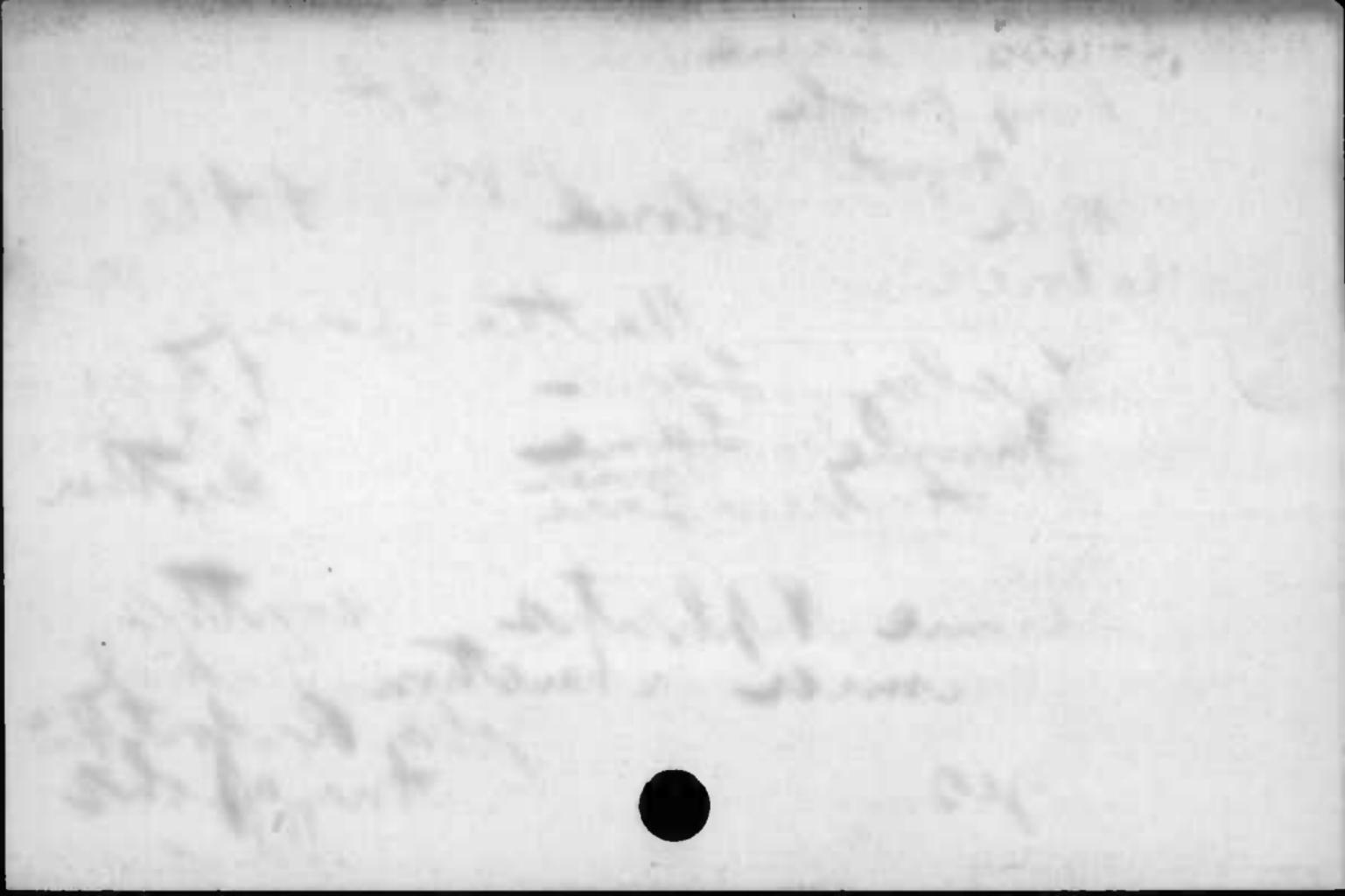
Signature of Physician

Address

John Ridout MD  
Annapolis  
Md

Accident or Suicide?

Yes



Name  
in  
Full

Earl O' Lankford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

|                                   |                     |               |       |   |                            |  |
|-----------------------------------|---------------------|---------------|-------|---|----------------------------|--|
| Died at Hawkins Pt.               |                     | County<br>Vt. |       | MARYLAND                                |                            |  |
| Date of death                     | Month               | Day           | Years | Months                                  | Days                       |  |
| 1906                              | Aug                 | 28            | Age — | one                                     | —                          |  |
| Sex male                          | Color or Race       | white         |       | Birth-place                             | Hawkins Pt. 3 <sup>y</sup> |  |
| Occupation                        |                     |               |       | Where Residing if not at place of death | —                          |  |
| Married, Single or Widowed        | —                   |               |       | Name of Wife or Husband                 | —                          |  |
| Father's Name                     | Earl E. G. Lankford |               |       | Father's Birthplace                     | Montana                    |  |
| Mother's Maiden Name              | Fannie Pottke       |               |       | Mother's Birthplace                     | Art. Co. Md                |  |
| Name of person giving information | E. E. G. Lankford   |               |       | How related to deceased                 | Father                     |  |

## CAUSES OF DEATH

Primary Acute Indigestion

104

How long

4 hours

Immediate Convulsions

How long

3 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

J. H. B. Horton M.D.

Address

So. Balto. Md

A. M. S. C. S.



Name  
in  
Full

Catherine Lenthicum

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

|                                   |                 |   |        |                         |        |
|-----------------------------------|-----------------|---|--------|-------------------------|--------|
| Died at                           | Town            | a                                       | County | MARYLAND                |        |
| Date of death                     | Month           | Day                                     | Years  | Months                  | Days   |
| Sex                               | Female          | Color or Race                           | Age    |                         |        |
| Occupation                        | Child           | Where Residing if not at place of death |        |                         |        |
| Married, Single or Widowed        | Single          | Name of Wife or Husband                 |        |                         |        |
| Father's Name                     | C. M. Lenthicum |   |        | Father's Birthplace     | Nel.   |
| Mother's Maiden Name              | Daisy E         |   |        | Mother's Birthplace     | MD     |
| Name of person giving Information | C M Lenthicum   |   |        | How related to deceased | Lasher |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Sphy. Hern

(9)

How long

4 days

Immediate

Heart failure

How long  
5 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

F. J. Robinson  
Baltimore, Md

Accident or Suicide?



Name  
in  
Full

Manifold hot named

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |                  |   |             |             |          |        |
|-----------------------------------|------------------|---|-------------|-------------|----------|--------|
| Died at                           | Drake            | Town                                    | County      | MARYLAND    |          |        |
| Date of death                     | 1904             | Month Aug                               | Day 29      | Age         | Years    | Months |
| Sex                               | Male             | Color or Race                           | White       | Birth-place | Drake Md | Days   |
| Occupation                        | none             | Where Residing If not at place of death |             |             |          |        |
| Married, Single or Widowed        | Single           | Name of Wife or Husband                 |             |             |          |        |
| Father's Name                     | Archie Manifold  | Father's Birthplace                     | Md          |             |          |        |
| Mother's Maiden Name              | Elizabeth Phipps | Mother's Birthplace                     | Md          |             |          |        |
| Name of person giving information | Mrs Mary Phipps  | How related to deceased                 | Grandmother |             |          |        |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Congestion

How long

2 Hours

Immediate

Pulmonary Congestion

How long

2 Hours

Are the name, age, sex, color, date and place correctly given above?

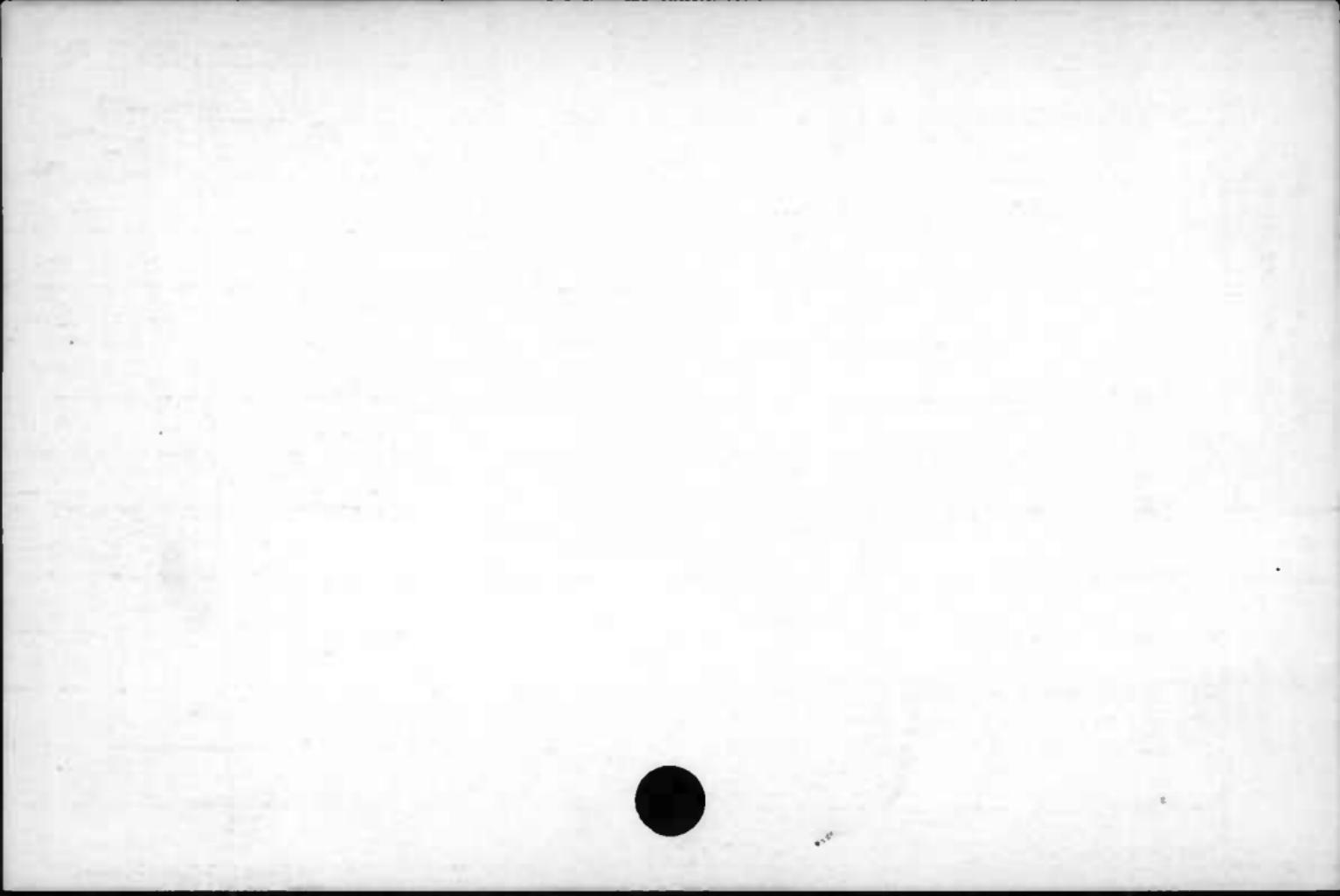
Yes

Signature of Physician

Address

Ley & Dent  
Chincoteague

Accident or Suicide?



Name  
in  
Full

Kunio Shabushita

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |             |        |          |      |  |
|-----------------------------------|---|-------------|--------|----------|------|--|
| Died at                           |   | Town        | County | MARYLAND |      |  |
| Date of death                     | Month                                   | Day         | Years  | Months   | Days |  |
| Sex                               | Color or Race                           | Birth-place |        |          |      |  |
| Occupation                        | Where Residing if not at place of death |             |        |          |      |  |
| Married, Single or Widowed        | Name of Wife or Husband                 |             |        |          |      |  |
| Father's Name                     | Father's Birthplace                     |             |        |          |      |  |
| Mother's Maiden Name              | Mother's Birthplace                     |             |        |          |      |  |
| Name of person giving information | How related to deceased                 |             |        |          |      |  |

1906 September 19 Age 18 Months 8 Days

Male Japanese Tokio, Japan

Sick Room and Hotel Training

—

Camille Shabushita Kogoshima

Marie Kawahara Kogoshima

Oshiro Shabushita

Brother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                        |  |          |         |
|--|------------------------|--|----------|---------|
| Primary  | Typhoid Fever          | <input checked="" type="radio"/>         | How long | 13 days |
| Immediate  | Perforation of guttura | <input type="radio"/>                    | How long | —       |
| Are the name, age, sex, color, date and place correctly given above? |                        | Signature of Physician                   |          |         |
| Yes  |                        | H. W. Leonard                            |          |         |
|  |                        | Address                                  |          |         |
|  |                        | Montgomery<br>Hospital and<br>Sanitarium |          |         |
| Accident or Suicide?   |                        | <input type="radio"/>                    |          |         |



Name  
in  
Full

Semmis Brook Meade

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                    |   |                |       |             |
|------------------------------------|---|----------------|-------|-------------|
| Town                               | County  |                |       |             |
| Died at Hopkins Creek              | A. Et.  |                |       |             |
| Date of death 1906 November        | Month   | Day            | Years | Months Days |
| Sex male                           | Color or Race                                     | White          |       |             |
| Occupation Book-keeper             | Where Residing If not at place of death Baltimore |                |       |             |
| Married, Single or Widowed Married | Name of Wife or Fiancee                           | A. E. L. White |       |             |
| Father's Name                      | Booker Meade                                      |                |       |             |
| Mother's Maiden Name               | Amy Talbert                                       |                |       |             |
| Name of person giving information  | Chas. E. Meade                                    |                |       |             |
| Father's Birthplace                | Calvert Co  |                |       |             |
| Mother's Birthplace                | Calvert Co  |                |       |             |
| How related to deceased            | Son   |                |       |             |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

Drowning

How long

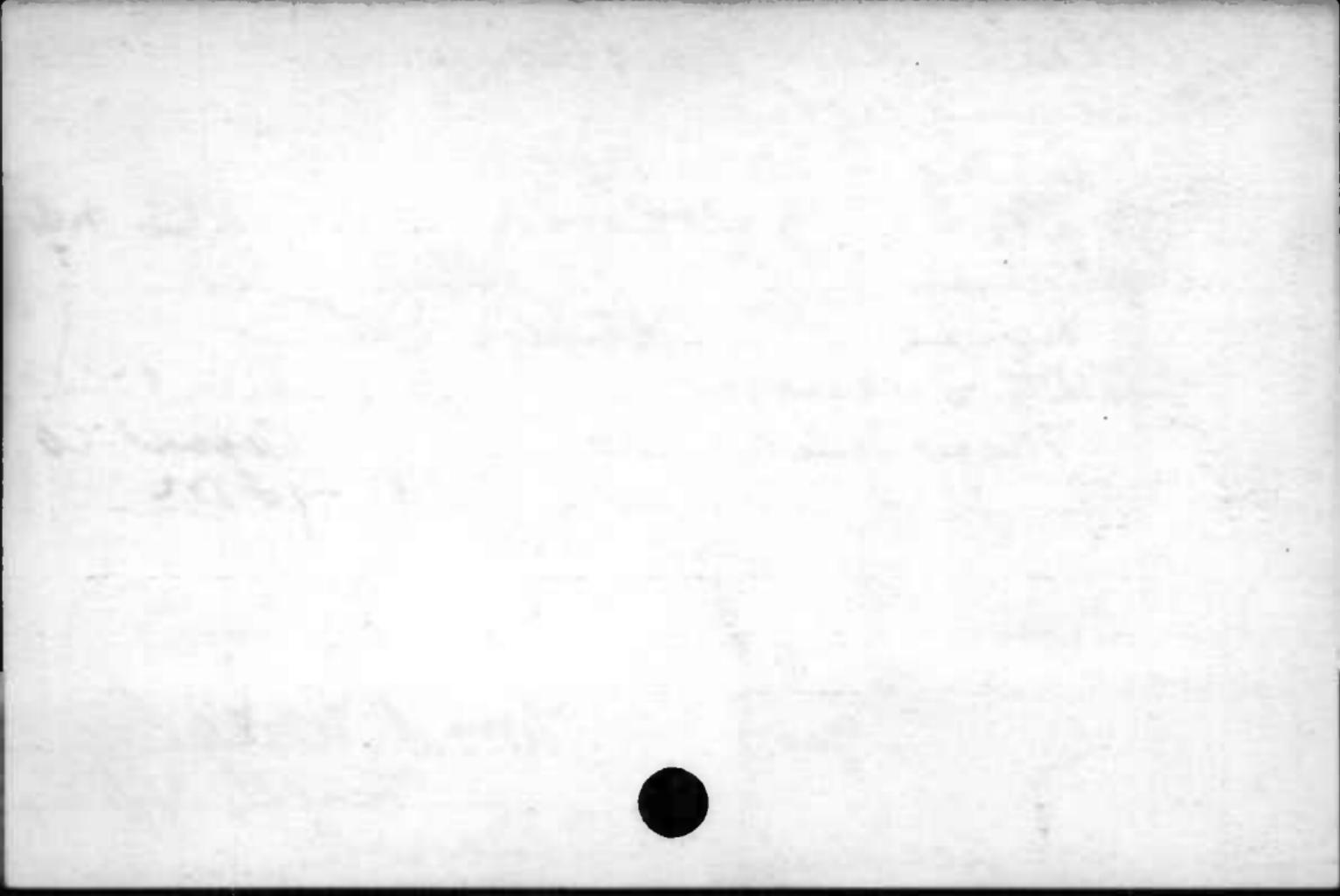
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Yes

Accident or Suicide? unknown



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Arthur G. Pack

CERTIFICATE OF DEATH

|                                   |                |                         |   |                     |           |
|-----------------------------------|----------------|-------------------------|---|---------------------|-----------|
| Town                              | Annapolis      |                         | County                                  | Anne Arundel County |           |
| Died at                           |                |                         | Age                                     | 5                   | MARYLAND  |
| Date of death                     | Month          | Day                     | Years                                   | Months              | Days      |
| 1906                              | August         | 15                      | —                                       | 5                   | 17        |
| Sex                               | male           | Color or Race           | Colored                                 | Birth-place         | Annapolis |
| Occupation                        |                |                         | Where Residing if not at place of death | Block 88            |           |
| Married, Single or Widowed        | Single         | Name of Wife or Husband | William Pack                            |                     |           |
| Father's Name                     |                |                         | Father's Birthplace                     | Dinner              |           |
| Mother's Maiden Name              | Mattie Johnson |                         | Mother's Birthplace                     | Dinner              |           |
| Name of person giving information | Mother.        |                         | How related to deceased                 | Cousin              |           |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Maniasm (19) Months

Immediate

Exhaustion

How long

How long

Are the name, age, sex, color, date and place correctly given above?

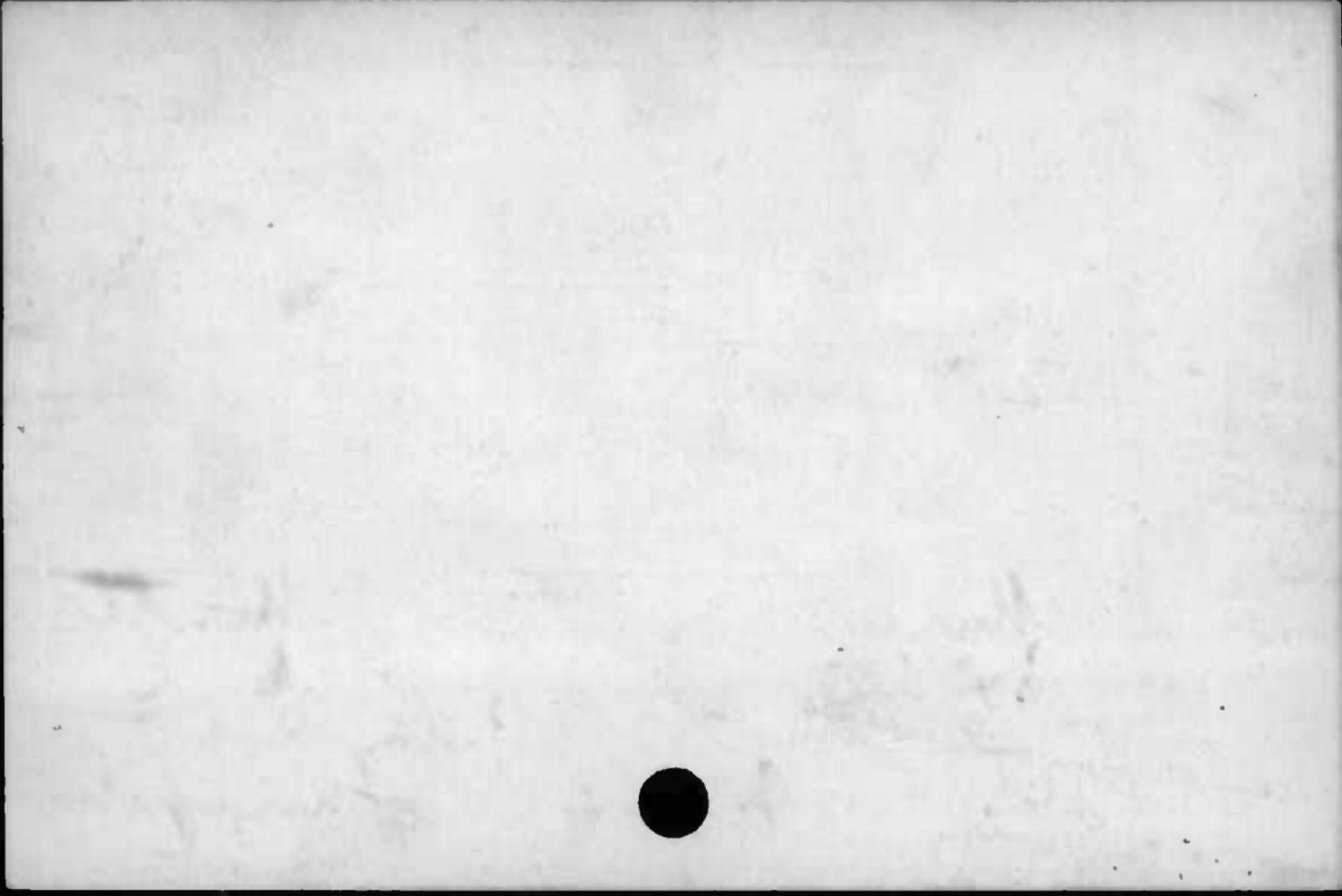
Signature of Physician

Address

yes

John Ridout  
Annapolis

Accident or Suicide?



Name  
in  
Full

Bernardine Paerzeniec

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|   |   |                 |                |
|---|---|-----------------|----------------|
| Town                                      | County                                    |                 |                |
| Died at Centreville Bay                   | a.a. co.                                  | MARYLAND        |                |
| Date of death 1906 Aug 3                  | Month 1 Day 3                             | Years —         | Months 5 weeks |
| Sex Female                                | Color or Race W                           | Birth-place Ind | Days           |
| Occupation —                              | Where Residing if not at place of death — |                 |                |
| Married, Single or Widowed —              | Name of Wife or Husband —                 |                 |                |
| Father's Name Frank Paerzeniec            | Father's Birthplace Austria               |                 |                |
| Mother's Maiden Name Mary Polinska        | Mother's Birthplace Austria               |                 |                |
| Name of person giving information Husband | How related to deceased —                 |                 |                |

CAUSES OF DEATH

Primary

Enterico-Colitis

(105)

How long

5 days

Immediate

Cardiac Arrest

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

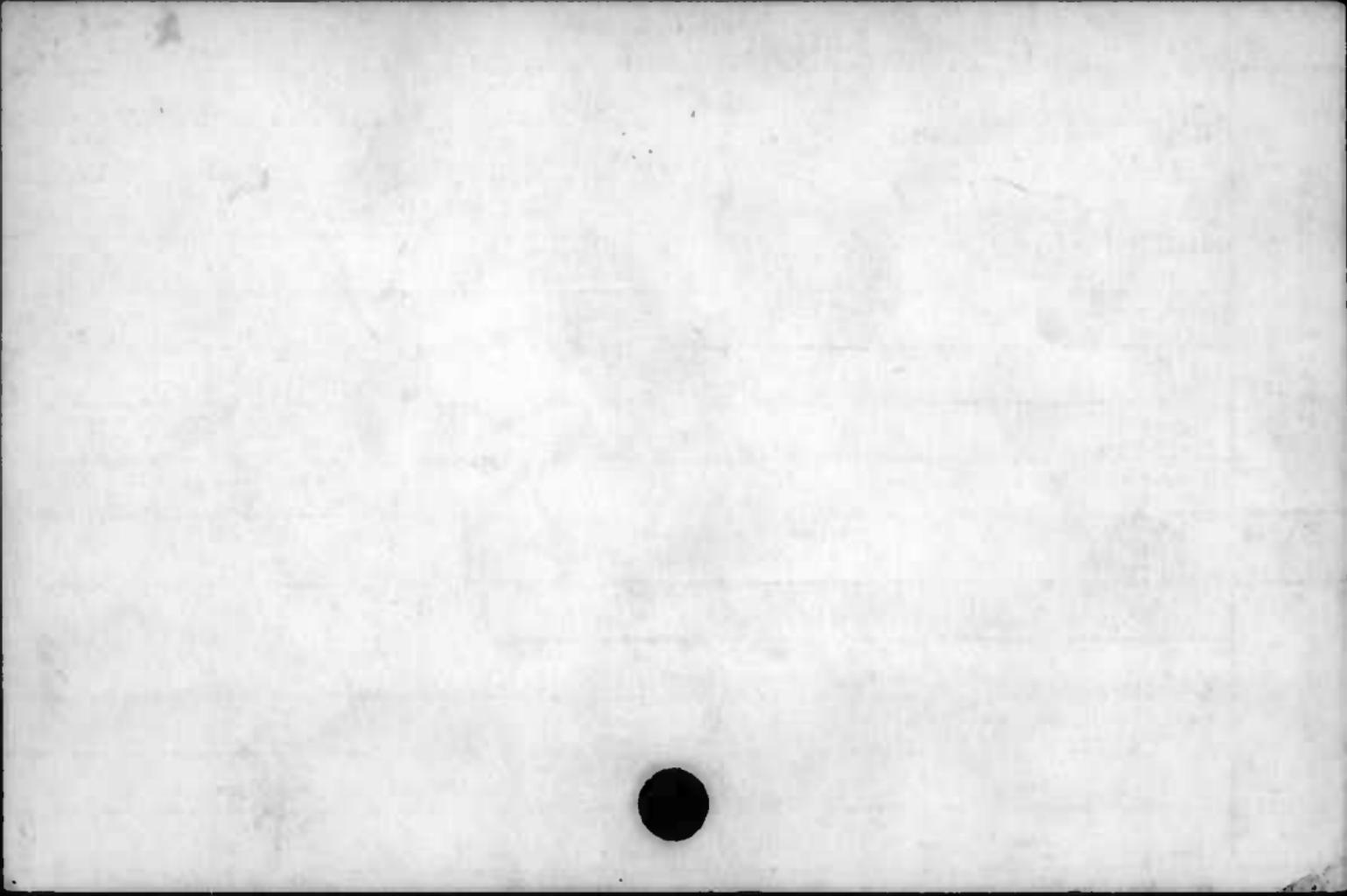
William S. Scott M.D.

Address

Centreville Bay  
a.a. co. Ind.

PHYSICIAN  
OR CORONER

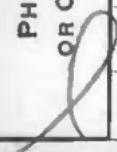
Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Landale Rogers

CERTIFICATE OF DEATH

MARYLAND

|                                   |   |        |             |
|-----------------------------------|---|--------|-------------|
| Died at                           | Town                                    | County |             |
| Date of death                     | Month                                   | Day    | Years       |
| Sex                               | Color or Race                           | Age    | Months Days |
| Occupation                        | Where Residing if not at place of death |        |             |
| Married, Single or Widowed        | Name of Wife or Husband                 |        |             |
| Father's Name                     | Father's Birthplace                     |        |             |
| Mother's Maiden Name              | Mother's Birthplace                     |        |             |
| Name of person giving information | How related to deceased                 |        |             |

Chincoteague, Va  
1906 Aug 1 — 3 17  
Male White  
None  
Single  
Wm Thos Rogers  
Bessie Ford  
John H Rogers

CAUSES OF DEATH

|           |                 |     |          |
|-----------|-----------------|-----|----------|
| Primary   | Oxalid Infantum | 105 | How long |
| Immediate | Convulsions     |     | How long |

Are the name, age, sex, color, date and place correctly given above?

Yes

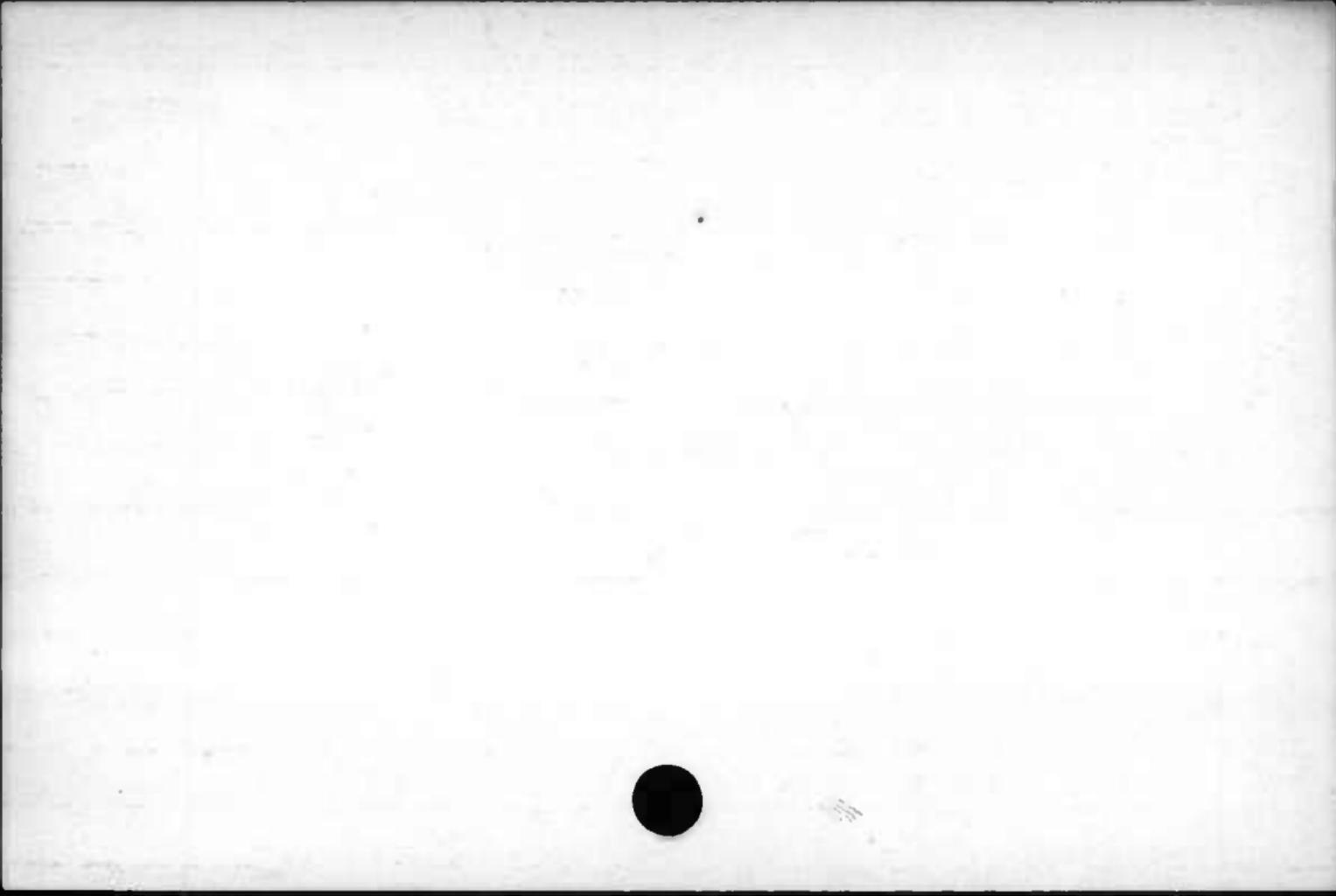
Signature of Physician

G. T. Dent

Address

Chincoteague

Accident or Suicide?



Name  
in  
Full

Still born Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

|                                   |   |               |          |        |      |
|-----------------------------------|---|---------------|----------|--------|------|
| Died at                           | Town                                    | County        | MARYLAND |        |      |
| Date of death                     | Month                                   | Day           | Years    | Months | Days |
| Sex                               | Female                                  | Color or Race | Age      | —      | —    |
| Occupation                        | Where Residing if not at place of death |               |          |        |      |
| Married, Single or Widowed        | Name of Wife or Husband                 |               |          |        |      |
| Father's Name                     | Father's Birthplace                     |               |          |        |      |
| Mother's Maiden Name              | Mother's Birthplace                     |               |          |        |      |
| Name of person giving information | How related to deceased                 |               |          |        |      |

Maryland

Married, Single or Widowed

Father's Name

Mother's Maiden Name

Name of person giving information

CAUSES OF DEATH

Primary

Still born

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

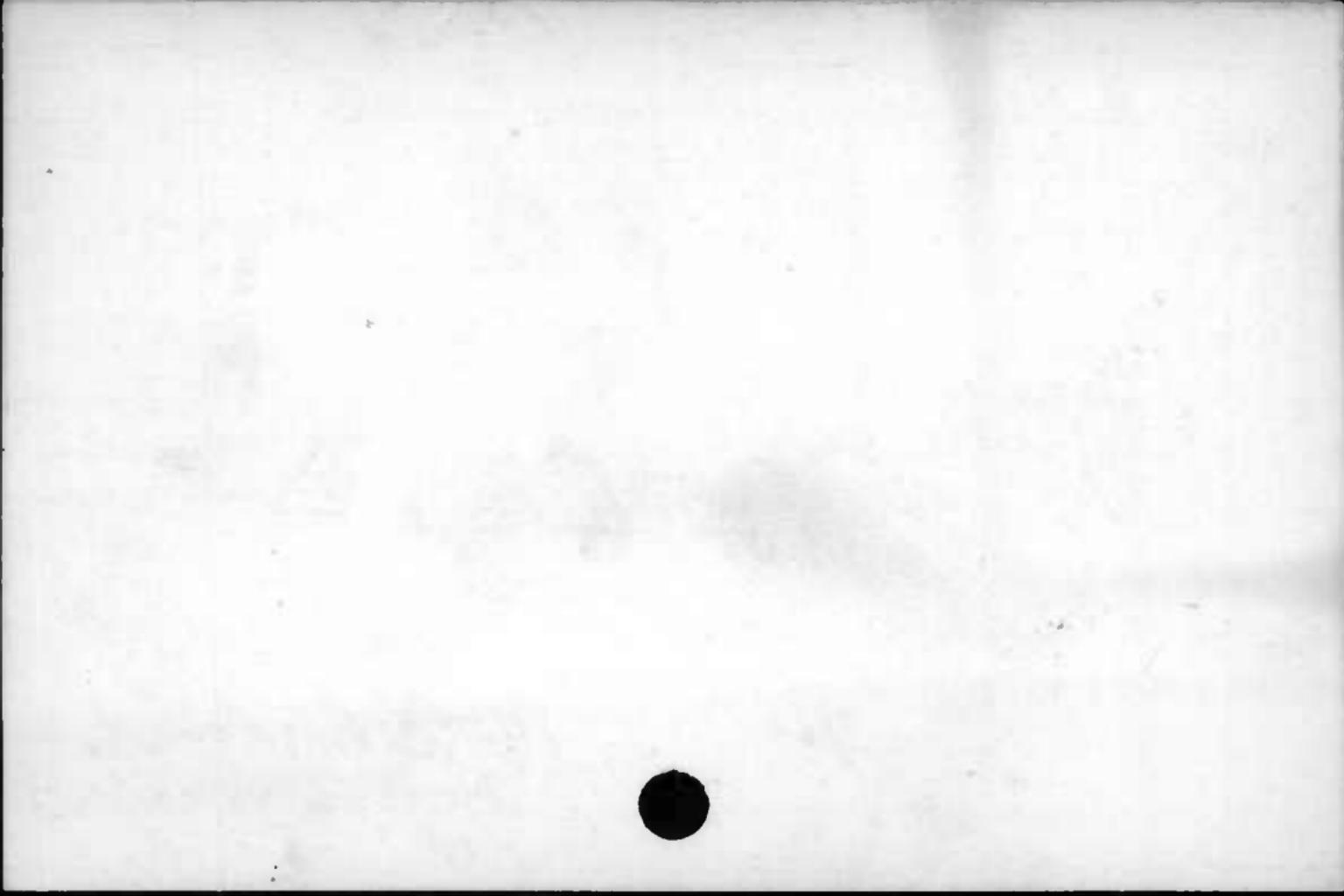
Address

Wm J Welch

Health Officer

Annapolis

Accident or Suicide?



Name  
in  
Full

Augusta Schultz

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

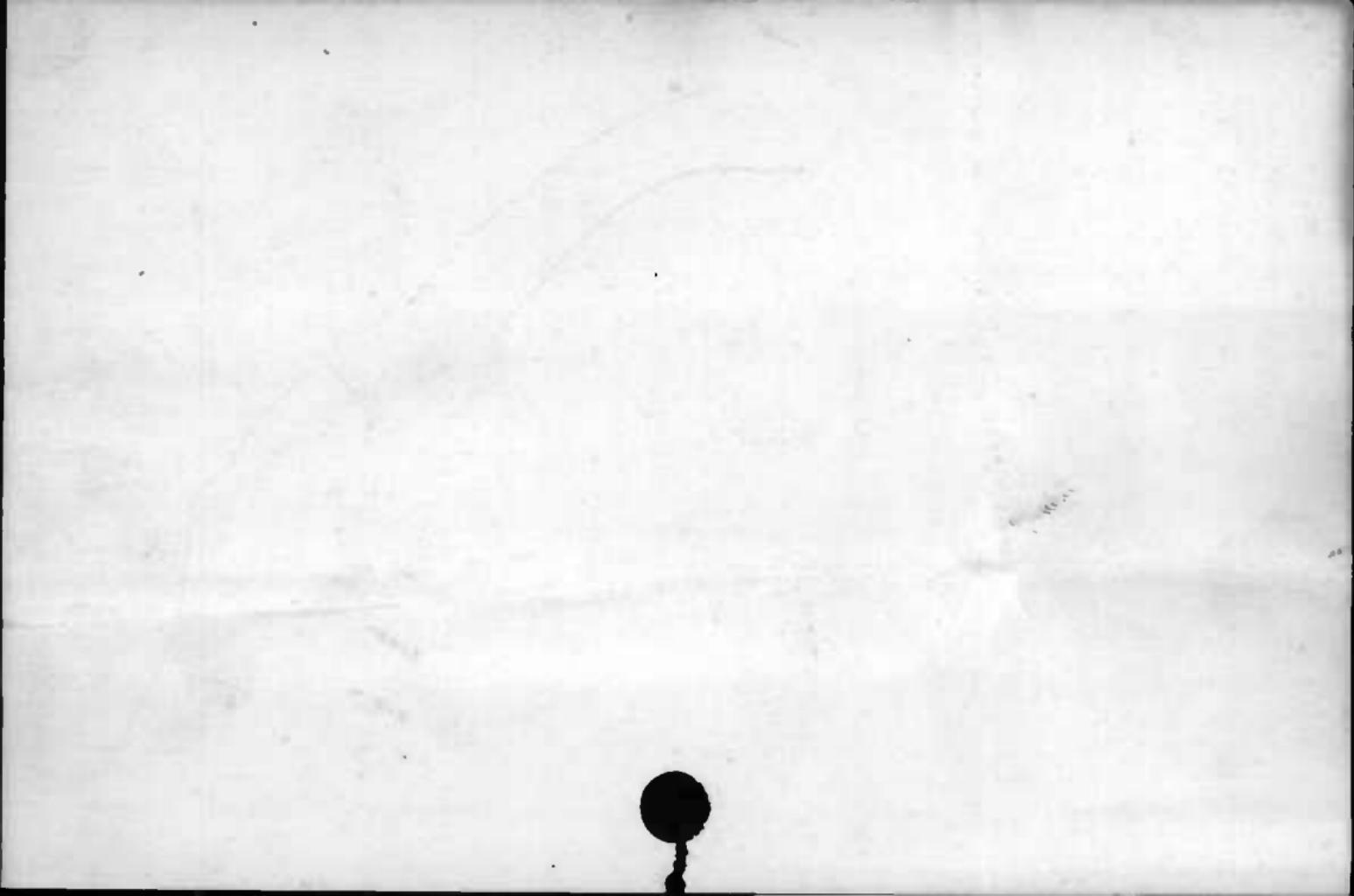
|                                   |   |                         |              |                     |         |
|-----------------------------------|---|-------------------------|--------------|---------------------|---------|
| Died at                           | Town                                    | County                  | MARYLAND     |                     |         |
| Date of death                     | Month                                   | Day                     | Years        | Months              | Days    |
| Sex                               | Color or Race                           | Age                     | Birth-place  |                     |         |
| Occupation                        | Where Residing If not at place of death |                         |              |                     |         |
| Married, Single or Widowed        | Married                                 | Name of Wife or Husband | Emil Schultz | Father's Birthplace | Germany |
| Father's Name                     | Maytin Radtke                           |                         |              |                     |         |
| Mother's Maiden Name              | Louisa Heft                             |                         |              |                     |         |
| Name of person giving Information | Emil Schultz                            |                         |              |                     |         |

(38)

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                     |                        |               |          |         |
|--|---------------------|------------------------|---------------|----------|---------|
| Primary  | Puerperal Eclampsia |                        | (38)          | How long | 5 hours |
| Immediate  | Draemic Convulsions |                        | (38)          | How long | —       |
| Are the name, age, sex, color, date and place correctly given above? | Yes                 | Signature of Physician | R S Hammond   |          |         |
|  |                     | Address                | Desense<br>Md |          |         |
| Accident or Suicide?   | 910                 |                        |               |          |         |



Name  
in  
Full

Jno. Sefford

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

|                                   |   |        |          |        |      |
|-----------------------------------|---|--------|----------|--------|------|
| Died at                           | Town                                    | County | MARYLAND |        |      |
| Date of death                     | Month                                   | Day    | Years    | Months | Days |
| Sex                               | Color or Race                           | Age    |          |        |      |
| Occupation                        | Where Residing If not at place of death |        |          |        |      |
| Married, Single or Widowed        | Name of Wife or Husband                 |        |          |        |      |
| Father's Name                     | Father's Birthplace                     |        |          |        |      |
| Mother's Maiden Name              | Mother's Birthplace                     |        |          |        |      |
| Name of person giving Information | How related to deceased                 |        |          |        |      |

Baltimore Anne Arundel Da.  
1906 Aug. 28 45 - -  
Male White  
Bookkeeper

At. L. F. Cannery Nond.

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|           |                    |          |
|-----------|--------------------|----------|
| Primary   | (10f)              | How long |
| Immediate | Master Indigestion | How long |

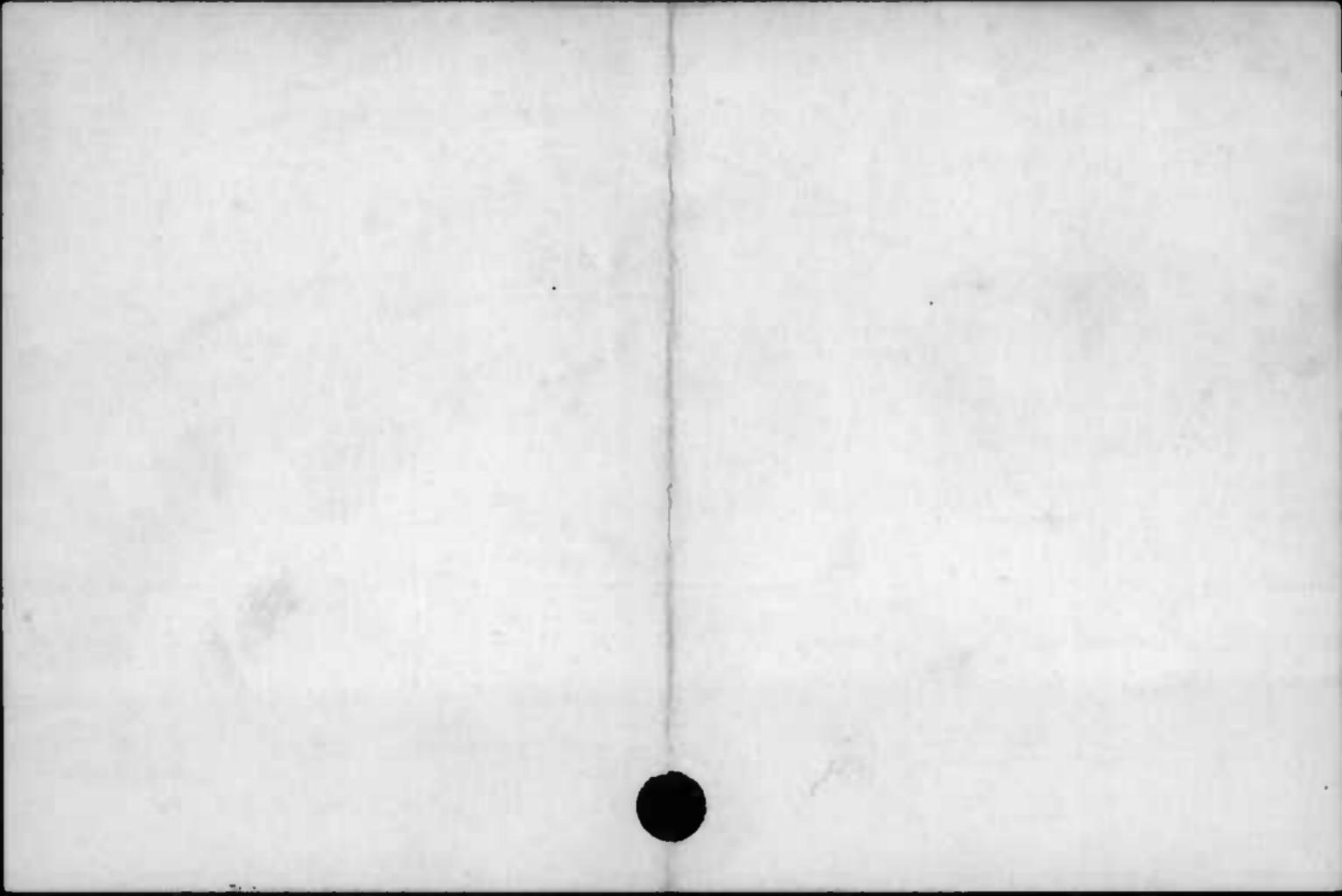
Are the name, age, sex, color, date and place correctly given above?

Signature of  
Physician

Address

John H. Davis  
Coroner  
Annapolis Md.

Accident or Suicide?



Name  
in  
Full

Edward J. Sephton

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |                  |   |                   |
|-----------------------------------|------------------|---|-------------------|
| Died at                           | Town             | County                                  | MARYLAND          |
| 1906                              | Month            | Years                                   | Months Days       |
| Date of death                     | Aug.             | 26.                                     | Age 20.           |
| Sex                               | Male             | Color or Race                           | white.            |
| Occupation                        | Clerical Student | Where Residing if not at place of death | England Liverpool |
| Married, Single or Widowed        | ✓                | Name of Wife or Husband                 | ✓                 |
| Father's Name                     |                  |   |                   |
| Mother's Maiden Name              |                  |   |                   |
| Name of person giving information | Church record    |   |                   |

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Drowning.

172

How long

Immediate

"

How long

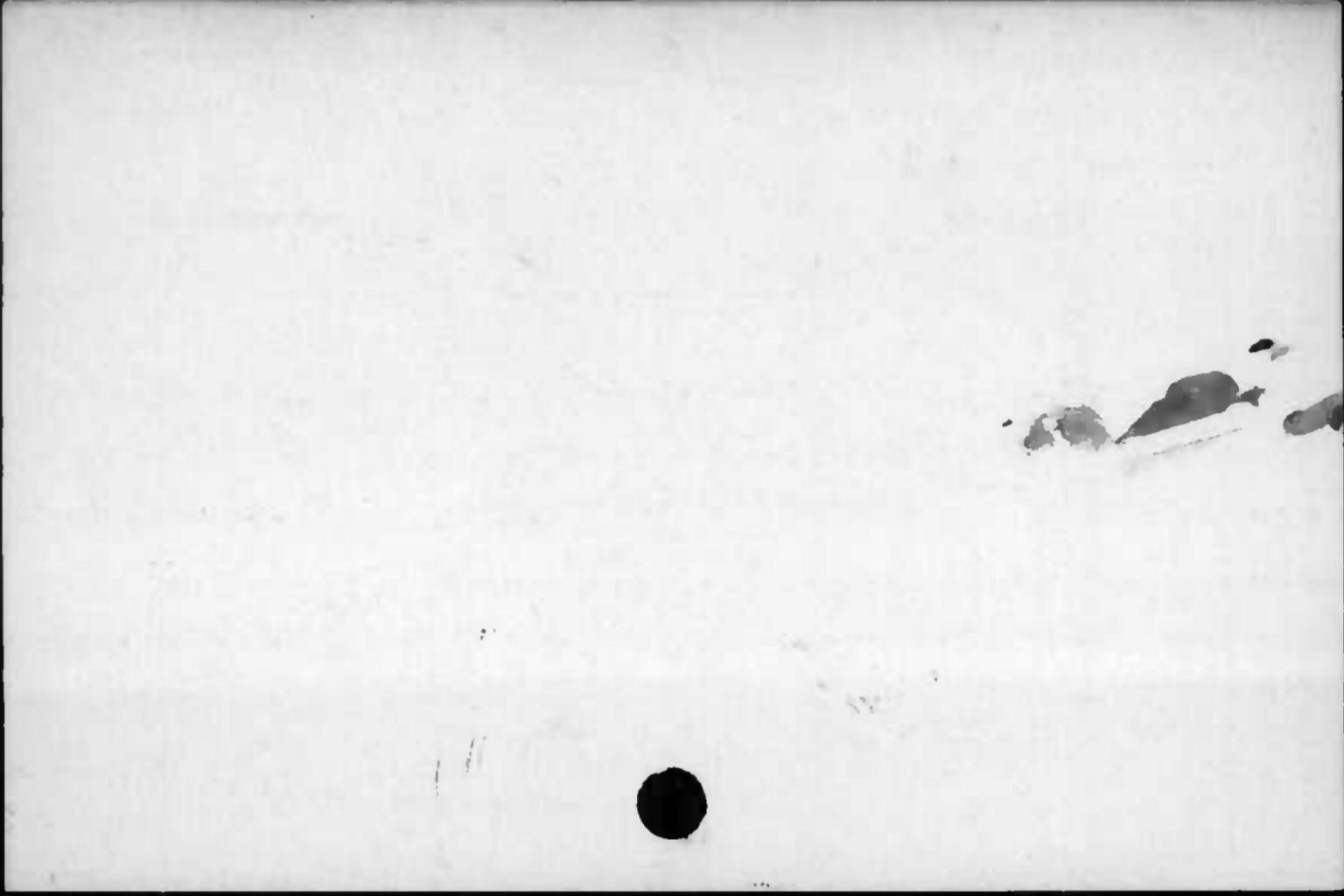
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

John W. Davis  
Coroner  
Annapolis  
MD

Address

Accident or Suicide?



Name  
in  
Full

Anna Isabelle Dorsey Schmitz

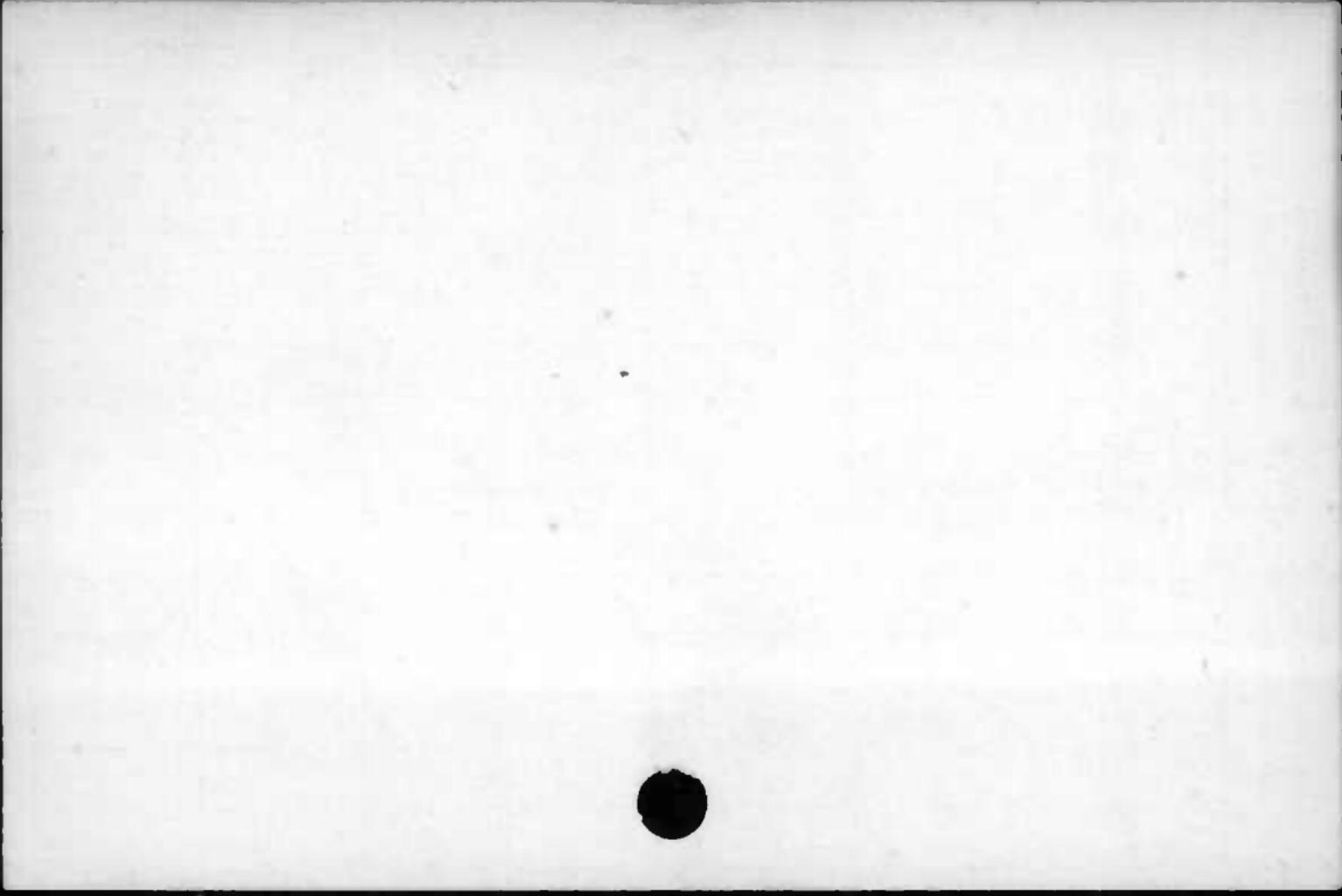
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |             |       |          |      |
|-----------------------------------|---|-------------|-------|----------|------|
| Died at                           | Town                                    | County      |       | MARYLAND |      |
| of death                          | Month                                   | Day         | Years | Months   | Days |
| Sex                               | Color or Race                           | Birth-place |       |          |      |
| Occupation                        | Where Residing if not at place of death |             |       |          |      |
| Married, Single or Widowed        | Name of Wife or Husband                 |             |       |          |      |
| Father's Name                     | Daniel W. Dorsey                        |             |       |          |      |
| Mother's Maiden Name              | Elizabeth Redman                        |             |       |          |      |
| Name of person giving Information | J. Maed. W. Couliff                     |             |       |          |      |
| CAUSES OF DEATH                   |   |             |       |          |      |
| Primary                           | Tuberculosis (27) Five years.           |             |       |          |      |
| Immediate                         | Exhaustion Four days                    |             |       |          |      |

PHYSICIAN  
OR CORONER

|  |                        |
|--|------------------------|
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician |
| Yes  | Address                |
| No.  | Annapolis Maryland.    |



Name  
in  
Full

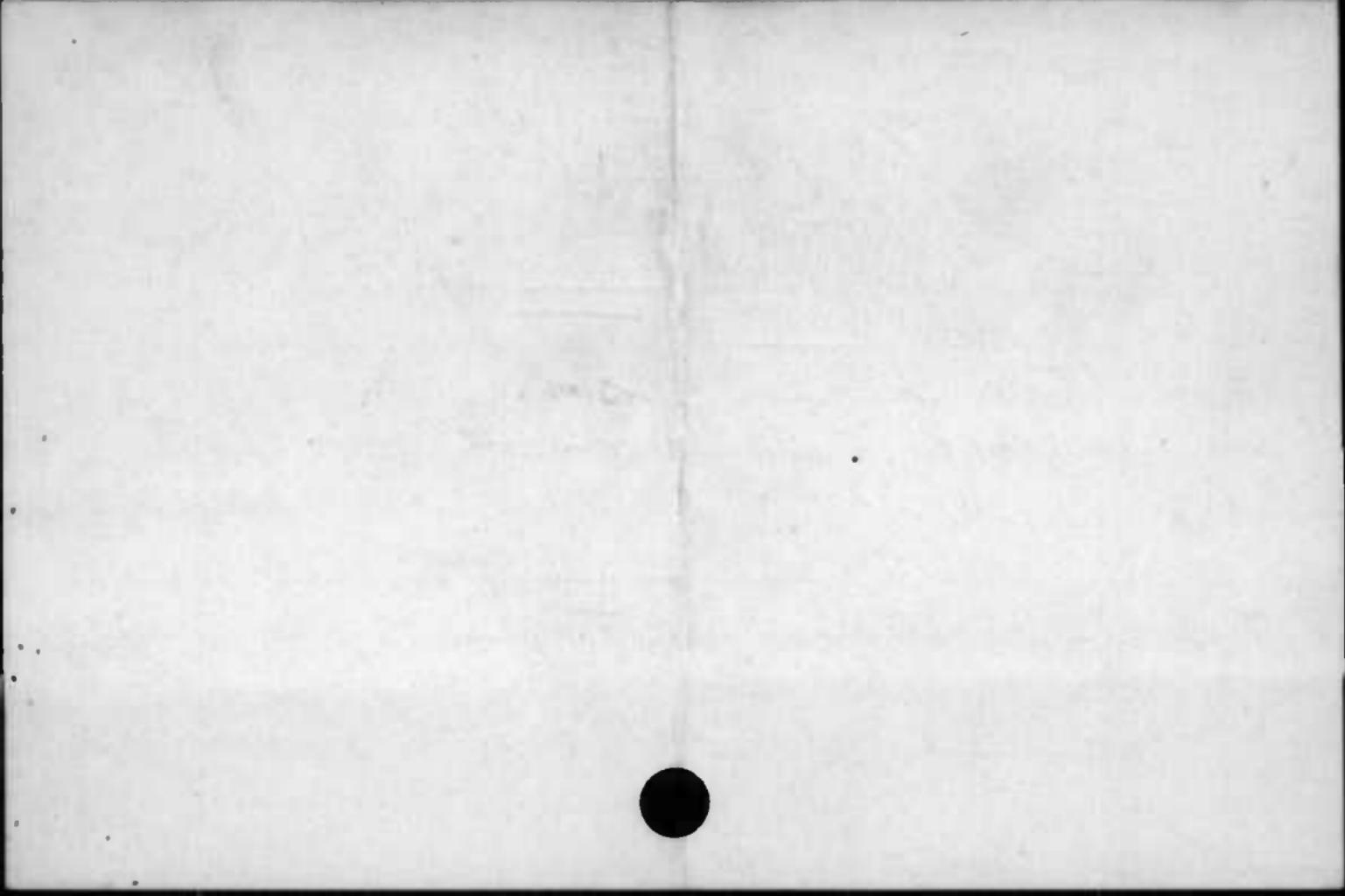
To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

|                                   |   |      |                         |             |      |  |
|-----------------------------------|---|------|-------------------------|-------------|------|--|
| Died at                           |   | Town | County                  | MARYLAND    |      |  |
| Date of death                     | Month                                   | Day  | Years                   | Months      | Days |  |
| Sex                               | Color or Race                           |      | Age                     | Birth-place |      |  |
| Occupation                        | Where Residing If not at place of death |      |                         |             |      |  |
| Married, Single or Widowed        | Name of Wife or Husband                 |      |                         |             |      |  |
| Father's Name                     | Grand Simpson                           |      | Father's Birthplace     |             |      |  |
| Mother's Maiden Name              | Carrie H. Hobbs                         |      | Mother's Birthplace     |             |      |  |
| Name of person giving Information | Mother                                  |      | How related to deceased |             |      |  |

## CAUSES OF DEATH

|  |           |                  |                        |                     |                 |
|--|-----------|------------------|------------------------|---------------------|-----------------|
| PHYSICIAN OR CORONER   | Primary   | Premature birth. | (5)                    | How long            | Lived few hours |
|  | Immediate | inpiration       | (5)                    | How long            | few hours.      |
| Are the name, age, sex, color, date and place correctly given above? |           | yes.             | Signature of Physician | F. H. Thompson M.D. |                 |
|  |           |                  | Address                | Annapolis<br>Md.    |                 |
| Accident or Suicide?   |           |                  |                        |                     |                 |

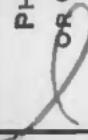


Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                 |               |       |                      |                         |       |
|-----------------------------------|---|-----------------|---------------|-------|----------------------|-------------------------|-------|
| Mary Jane Smothers                |   |                 |               |       | CERTIFICATE OF DEATH |                         |       |
| Died at                           | Town                                    | County          | MARYLAND      |       |                      |                         |       |
| Date of death                     | Month                                   | Day             | Age           | Years | Months               | Days                    |       |
| Sex                               | Color or Race                           | Ind             |               |       |                      |                         |       |
| Occupation                        | Where Residing if not at place of death |                 |               |       |                      |                         |       |
| Married, Single or Widowed        | Married                                 | Name of Husband | John Smothers |       |                      |                         |       |
| Father's Name                     | Tyus Blunt                              |                 |               |       |                      | Father's Birthplace     | Ind   |
| Mother's Maiden Name              | Mary Thompson                           |                 |               |       |                      | Mother's Birthplace     | Ind   |
| Name of person giving information | Doris Gross                             |                 |               |       |                      | How related to deceased | Niece |

PHYSICIAN  
OR CORONER



Primary

apoplexy  
convulsions

(64)

How long

3 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

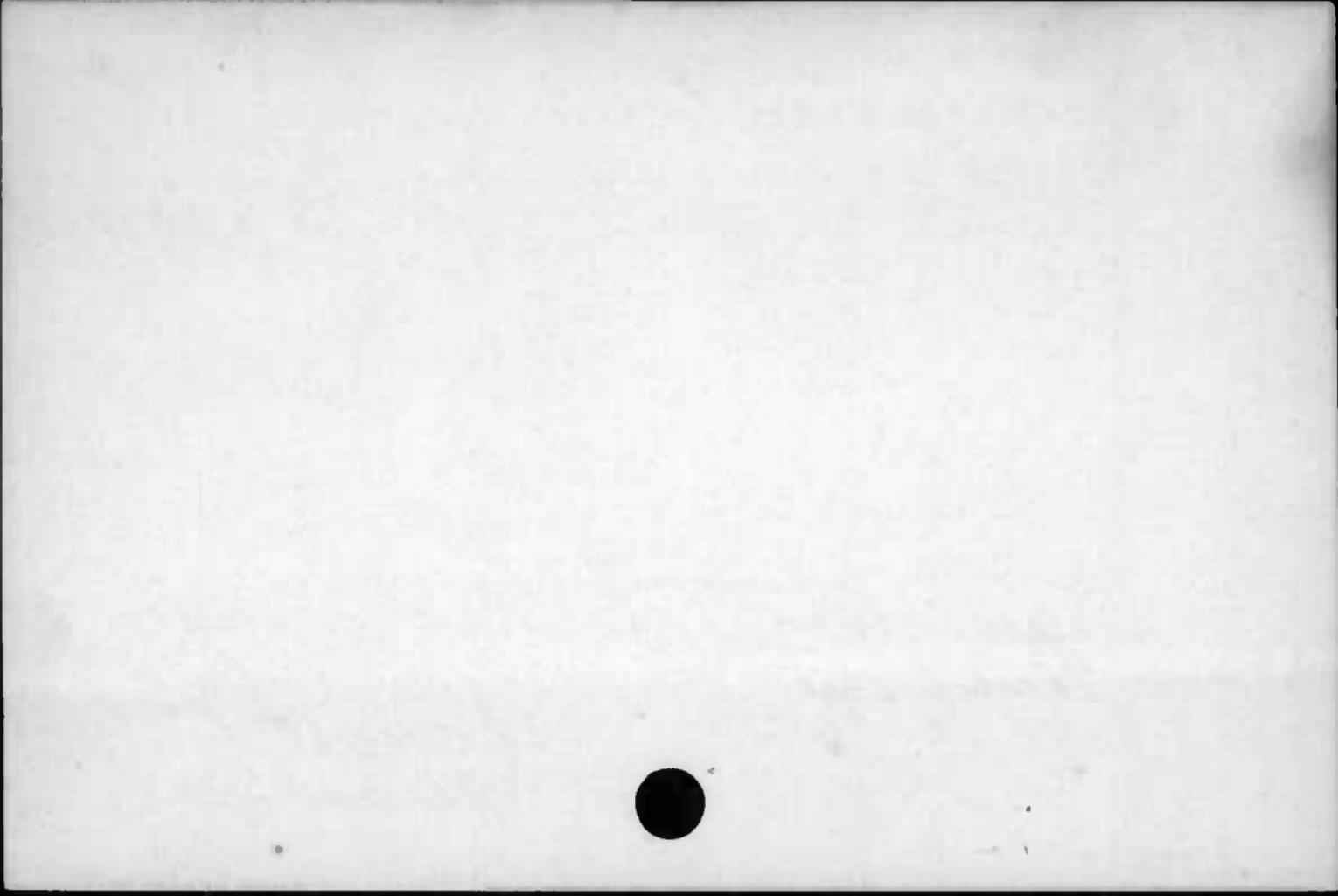
Yes

Signature of Physician

Address

Geo. T. Bent  
Churchton

Accident or Suicide? -



Name  
in  
Full

Frangie Stevens

CERTIFICATE OF DEATH

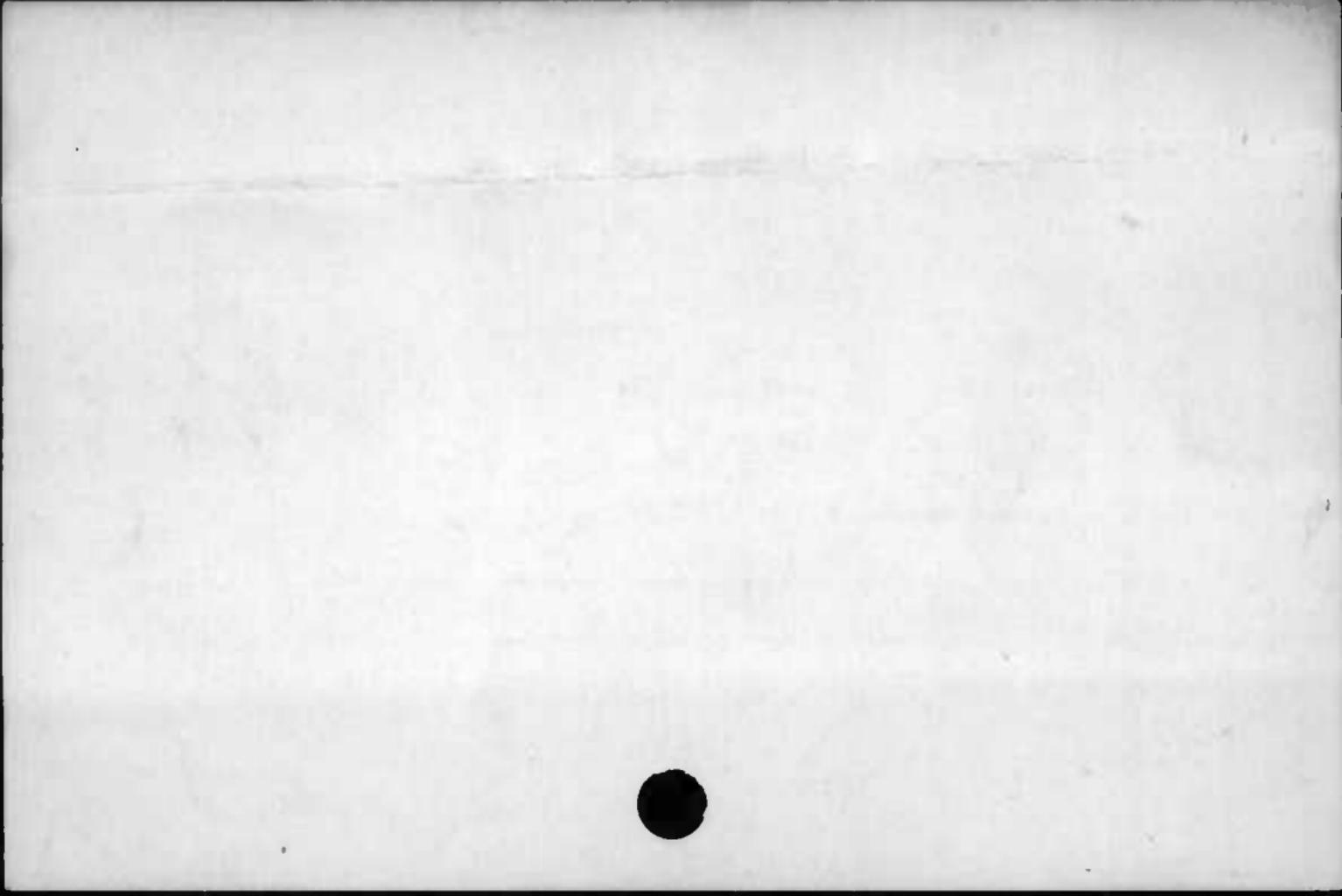
TO BE ANSWERED BY  
NEAREST FRIEND

|  |   |                          |
|--|---|--------------------------|
| Town   | County                                  |                          |
| Died at Crownsville                          | A. A.                                   |                          |
| Date of death 1906 Aug.                      | Month 3                                 | Day                      |
| Age 3 yrs                                    | Years                                   |                          |
| Sex Female                                   | Color or Race White                     | Birth-place A. A. Co. Md |
| Occupation                                   | Where Residing if not at place of death |                          |
| Married, Single or Widowed                   | Name of Wife or Husband                 |                          |
| Father's Name John Stevens                   | Father's Birthplace Act. Co             |                          |
| Mother's Maiden Name Alice King              | Mother's Birthplace Act. Co.            |                          |
| Name of person giving information W. H. King | How related to deceased Grandfather     |                          |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |                           |  |
|--|---------------------------|--|
| Primary  | How long                  |  |
| Salmo-<br>Coli-<br>Shock from Beat                                   | 20 hr-                    |  |
| Immediate  | How long                  |  |
| Hemorrhage   | 12 days                   |  |
| Are the name, age, sex, color, date and place correctly given above? | Signature of Physician    |  |
| Yes  | Address                   |  |
| Accident or Suicide?   | H. B. Gault.<br>Milwaukee |  |



Name  
in  
Full

John M. Thaler.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

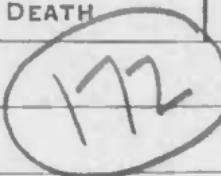
|                                   |                  |   |            |
|-----------------------------------|------------------|---|------------|
| Died at                           | Town             | County                                  | MARYLAND   |
| Died at                           | Minneapolis.     | St. Paul                                |            |
| Date of death                     | Month            | Day                                     | Years      |
| 1906.                             | Aug.             | 26.                                     | Age 19     |
| Months                            |                  | Days                                    | 8 22       |
| Sex                               | Male             | Color or Race                           | White      |
| Occupation                        | Clerical Student | Where Residing if not at place of death | Baltimore. |
| Married, Single or Widowed        | ✓                | Name of Wife or Husband                 | ✓          |
| Father's Name                     | George J. Thaler | Father's Birthplace                     | Baltimore. |
| Mother's Maiden Name              | Sophia Hartel.   | Mother's Birthplace                     | Baltimore. |
| Name of person giving information | Church record    | How related to deceased                 |            |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Drowning.



How long

—

Immediate

"

How long

—

Are the name, age, sex, color, date and place correctly given above?

Signature of  
Physician

Address

John N. Dow,  
Minneapolis Minn.

Accident or Suicide?



Name  
in  
Full

Alexander Nick Turner CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

|                                   |   |                         |                |                         |        |
|-----------------------------------|---|-------------------------|----------------|-------------------------|--------|
| Died at                           | Town                                    | County                  | MARYLAND       |                         |        |
| Date of death                     | Month                                   | Day                     | Age            | Years                   | Months |
| Sex                               | Color or Race                           | Colored                 | Birth-place    | A.A.C. Md.              |        |
| Occupation                        | Where Residing if not at place of death |                         |                | Shady Side A.A.C.       |        |
| Married, Single or Widowed        | Married                                 | Name of Wife or Husband | Abtridge Davis |                         |        |
| Father's Name                     | Wm Turner                               |                         |                | Father's Birthplace     | A.A.C. |
| Mother's Maiden Name              | Maggie Nick                             |                         |                | Mother's Birthplace     | A.A.C. |
| Name of person giving Information | J A Adams                               |                         |                | How related to deceased | Friend |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

|  |          |                        |               |
|--|----------|------------------------|---------------|
| Primary  | Drowning | W2                     | How long      |
| Immediate  | "        |                        | How long      |
| Are the name, age, sex, color, date and place correctly given above? | yes      | Signature of Physician | Wm J. Welch   |
|  |          | Address                | Health Office |
| Accident or Suicide?   | accident |                        | Annapolis     |



Name  
in  
Full

John H. Wheeler

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

|   |   |                        |  |                              |             |
|---|---|------------------------|--|------------------------------|-------------|
| Died at<br>East Port                                    |   | County<br>Anne Arundel |  | MARYLAND                     |             |
| Date<br>of death 1906                                   | Month<br>Aug                                    | Day<br>2               | Age<br>70                                | Years<br>—                   | Months<br>6 |
| Sex<br>Male   | Color or<br>Race<br>White                       |                        |  | Birth-<br>place<br>East Port | Days<br>15  |
| Occupation<br>—   | Where Residing if not<br>at place of death<br>— |                        |  |                              | —           |
| Married, Single<br>or Widowed<br>Single                 | Name of Wife or<br>Husband<br>—                 |                        |  |                              |             |
| Father's<br>Name<br>John H. Wheeler                     |   |                        | Father's<br>Birthplace<br>Dorchester Co. |                              |             |
| Mother's<br>Maiden Name<br>Mayle Lewis                  |   |                        | Mother's<br>Birthplace<br>Annapolis, Md. |                              |             |
| Name of person giving<br>Information<br>John H. Wheeler |   |                        | How related<br>to deceased<br>Father     |                              |             |

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary  
Hepatitis  
Immediate  
Exhaustion

105

How long  
Three weeks  
How long  
two days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Walton & Hopkins M.D.  
Annapolis, Md.

Accident or Suicide?

